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Looking After Young People? An Exploratory Study of Home Supervision Requirements

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THE UNIVERSITY OF EDINBURGH
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Declaration

I declare that this thesis is originally composed by me. It is based on my own work, with acknowledgements of other sources, and has not been submitted in whole or part for any other degree of professional qualification.

.....
Andressa Maria Gadda

June 2012

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List of Abbreviations and Acronyms

1995 Act – Children (Scotland) Act 1995

ABC – Anti-social behavioural contract

ASBO – Anti-social behavioural order

CAMHS – Child and Adolescent Mental Health Services

CPR – Child Protection Register

DP – Discipline and Punish: The Birth of Prison, by Michel Foucault (1977)

EWO – Educational Welfare Officer

GIRFEC – Getting it Right for Every Child

HSR – Home Supervision Requirement

ISM - Intensive Support and Monitoring

LAC – Looked After Children

LAAC – Looked After and Accommodated

MRC – Movement Restriction Condition

SCRA – Scottish Children’s Reporter Administration

SMART plans – Specific, measurable, achievable, realistic, time limited

SR – supervision requirement

TCAC – Through care and Aftercare Services

UNRC – United Nations Convention on the Rights of the Child

YJS – Youth Justice Services

YPC – Young Persons’ Centre

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Abstract

This research explores home supervision requirements (HSRs) in Scotland; as well as the views about, and experiences of those who are affected the most by this type of compulsory intervention – young people, their parents and social workers. Home supervision requirements are a type of legal supervision order at home which is unique to the Scottish system of child legislation. Despite being the most common type of disposal used by the Children's Hearing little is known about how HSRs work in practice. There is some evidence that young people who are subject to a HSR are likely to leave school with fewer qualifications than their peers – including young people who were 'looked after' away from home. Concerns with this gap in our understandings, combined with concerns for the poorer educational outcomes of young people who are subject to a HSR, has lead the Scottish Government, in collaboration with the Economic and Social Research Council (ESRC), to set up and fund this case studentship.

The research was conducted in a relatively large urban local authority in Scotland and used a multi-method approach in order to find out more about the nature, scope and outcomes of HSRs; as well as young people's, their parents' and social workers' views about, and experiences of HSRs. I have conducted secondary analysis of data obtained from the Scottish Children's Reporter Administration (SCRA). SCRA provided aggregated data on all 98 young people who were subject to a HSR in Thistle city for 12 months or more at 31st of December 2008. This information provided a 'profile' of young people subject to a HSR as well as a charter of their involvement with the Hearing System. This highlights the similarities between young people who are subject to a HSR and those who are subject to other types of supervision requirements (SRs) in Scotland.

I also carried out documentary analysis of young people's social work case files. Social work case files contain a number of different documents which provide qualitative information in narrative form about young people and their families, as well as a history of contact with social services. What gets recorded, how and to what effect is the result of the same system that they describe and influence. Case files are therefore of interest not because of what they record but how they construct subjects and facilitate the management of individuals and populations – in this case young people and their parents.

Finally, semi-structured in-depth interviews were conducted with 10 young people, nine parents, one carer and 10 social workers. All of the young people interviewed had been known to social services for a considerable length of time, with some having been on and off different types of supervision requirements for five years or more. The interviews revealed a great deal of ambivalence towards HSRs from all stakeholders, and a lack of clarity about the nature and scope of the intervention.

Drawing on post-theories critique on the rationalist, reductionist assumptions of modern discourses that dominate social policy and practice this study concludes that rather than asking whether HSRs are successful or not, we should first consider *what HSRs are for*. I propose that HSR is a disciplinary technique which aims to facilitate the management of individuals and populations. Social control should not however be understood as exclusive of disciplinary powers but as an inevitable and irreducible characteristic of *all* social relations. It is important therefore to explore how practice exercises control; how this is contested, resisted and transformed; and to what effect.

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Chapter 1: Introduction

1.1 Introduction

This study explores the views and experiences of young people, parents' and social workers', concerning Home Supervision Requirements. Home Supervision Requirements, herein referred to as HSRs for short, are a type of compulsory supervision order which is unique to the Scottish system of child legislation. Most children and young people who are 'looked after' in Scotland are subject to HSRs whereby they remain living at home with a parent or relevant person¹, and a social worker is allocated to the case in order to ensure that the terms of the requirement are being met (Scottish Government, 2007, 2008a, 2010).

Despite being the most common type of disposal used by the Children's Hearing little is known about how HSRs work in practice. There is some evidence that young people who are subject to a HSR are likely to leave school with fewer qualifications than their peers – including young people who were 'looked after' away from home. Concerns with this gap in our understandings, combined with concerns for the poorer educational outcomes of young people who are subject to a HSR, has lead the Scottish Government, in collaboration with the Economic and Social Research Council (ESRC), to set up and fund this case studentship.

The Scottish Government's implied aim was to evaluate HSRs – that is, to identify the intervention's aims and objectives, to find out whether these were being achieved, and to point out ways in which to improve their 'success rate'. As the study progressed, however, these concerns came to be less central to the development of an understanding of HSRs as the language of aims and objectives was not part of young people's and parents' narratives, and was seen with some ambivalence by social workers. It was also not always clear what the aims and objectives of HSRs were, if any. Moreover, the question of whether HSRs are successful or not is not one which

¹ The 1995 Act (s. 93 (2) (b) defines a relevant person as (a) any parent enjoying parental responsibilities or parental rights; (b) any person in whom parental responsibilities or rights are vested by, under or by virtue of the Act; and (c) any person who appears to be a person who ordinarily (and other than by reason only of his employment) has charge of, or control over, the child.

can be easily addressed. The complex and ambiguous nature of the social world means that it is impractical to disentangle the different factors which might contribute to any given outcome. Thus, rather than asking whether HSR are successful or not in achieving the desired outcome (whatever the desired outcome may be), I want to propose here that we need first to consider what HSRs are for. An answer to this question needs to situate HSRs within the particular social, political and historical contexts in which the discipline of social work, and particularly social work with children and families is embedded in, and the impact this has on the possibilities for practice and individuals lived experiences.

The focus therefore changed to an exploration of how individuals make sense of their social world and the meaning they attach to social phenomena, how relationships between the different stakeholders were negotiated and the impact these negotiations had on them and the possibilities for practice. By exploring the meanings which these stakeholders attach to HSRs and their experiences of it I aim to offer a more critical understanding of compulsory interventions in the family and contribute to the ongoing debate about the effectiveness, or otherwise, of social services provisions and the role of the welfare state. I also hope that the findings of this research will potentially produce new understandings about HSRs, service users and social workers that can be useful to policy and practice.

1.2 General overview

In Scotland, children who are under the care and protection of local authorities may remain living at home with their parents or relevant person. In this case they are subject to a HSR. HSRs are unique to the Scottish system of children's legislation. They have been in operation since the Social Work (Scotland) Act 1968 and have changed little since (Murray et al., 2002a). The Children (Scotland) Act 1995 is now the main legislation governing the protection of children in Scotland. The 1995 Act, as its precedent (the 1968 Act), provides only a general indication of what HSRs should comprise of. Key sections indicating the nature of HSRs are:

- Section 52 sets out the conditions under which a child will become looked after which are, broadly speaking, due to them being abused or neglected, or because they have committed an offence or have failed to attend school without reasonable excuse.
- Section 17 establishes that local authorities have a duty to safeguard and promote the welfare of all looked after children under their care; whilst taking into account the views of the child.
- Section 71 imposes a duty on local authorities to ensure that the terms of the requirement are met (in the case of HSRs this often entails allocating a social worker to the family).
- Section 70 covers the disposal of a supervision requirement: at home (s. 70 (1)); away from home (s. 70 (3)); or in secure accommodation (s. 70 (10)).

The 1995 Act thus makes few distinctions between children who are subject to a HSR and children who are ‘looked after’ away from home. Children who are subject to a HSR become ‘looked after’ for the same reasons as other ‘looked after’ children; they are entitled to the same level of care and protection as other ‘looked after’ children; and they should, as far as possible, have their views taken into account when decisions about their care are being made. There is, however, some evidence to suggest that, in practice, children who are subject to a HSR are not considered to be in all respects ‘looked after’ children (Murray et al., 2002b)

As successive government reports demonstrate in any one year approximately 1% of children in Scotland are under the care and supervision of a Local Authority (Scottish Government, 2006, 2007, 2008a, 2010). Most of these children are subject to a HSR. During the time in which this study was being carried, around 40% of all looked after children in Scotland were subject to a HSR (Scottish Government, 2007, 2008a, 2010). Despite their long history and extensive use little is known about HSRs and the children who are subject to this intervention. To date there has been only one study focusing exclusively and in-depth on HSRs. Following the implementation of the 1995 Act, the Scottish Executive commissioned a study “To examine the effectiveness of home supervision in *promoting beneficial changes* in the life of the

child.” (Murray et al., 2002b: 3, my emphasis) This was a comprehensive study which elicited the views of Reporters, Panel Members, Senior Social Workers, Social Workers, Teachers and families concerning HSRs. One of its key findings was that key statutory requirements with regards HSRs were not being met; “particularly in respect of home care plans, the timing of the first visit to the family and holding internal social work case reviews.” (Murray et al., 2002b) The authors (2002) suggest that this may be because children who were subject to a HSR were not, in practice, considered to be in all respects ‘looked after’ children. They go on to state that:

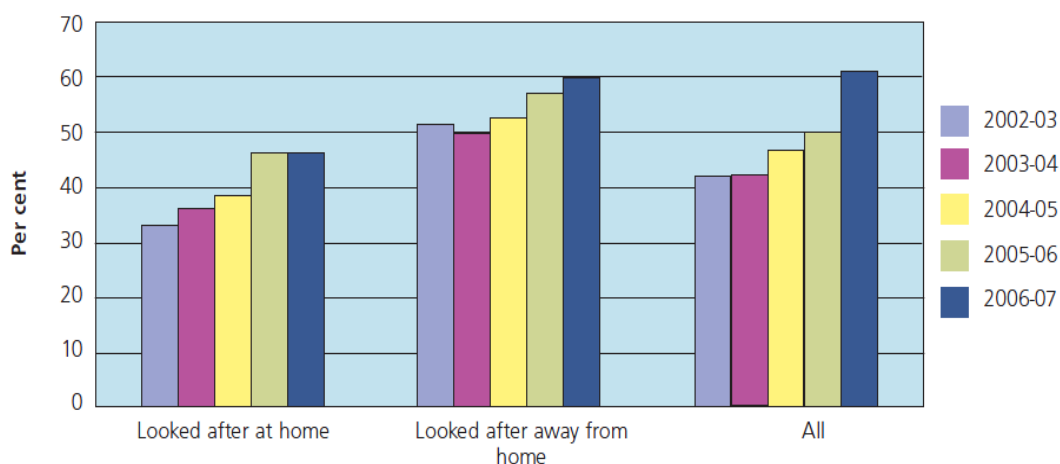
“This can be understood, at one level, since the responsibilities of the local authority for children removed from their parents and accommodated in residential units or placed in foster care may seem qualitatively different from cases where the child remains at home, with primary responsibility for their daily care resting with their parents or carers. At another level, however, the children on home supervision can be seen as particularly vulnerable since the protection and the degree of surveillance which are (or should be) associated with a placement in a residential unit or in foster care are not as available to those living at home.” (Murray et al., 2002 3-4)

Their conclusion thus indicates that there is a disjuncture between legislation and what happens in practice. It also points to a widely-held assumption that the needs of children who are subject to a HSR may be less acute than those of other ‘looked after’ children because they are living at home with a parent or relevant person and their basic needs are being met. Murray et al., (2002) warn that the opposite may be true. They argue that children who are subject to a HSR are ‘particularly vulnerable’ as they cannot be as closely monitored or enjoy the same level of protection as those who are placed away from home. Their conclusion then puts into question what has been a key tenet of current discourses of child care – that, as far as possible, it is always better for children to remain at home in the care of their parents.

Another key finding of this research was that respondents rated HSRs as being least effective when its general aim was to address non-school attendance (Murray et al., 2002b) The researchers argued that this may be due to the late stage at which cases of non-school attendance reached the social work departments and the lack of suitable alternatives to mainstream school (Murray et al., 2002b). This finding that

HSRs were not effective in addressing non-school attendance is compounded by evidence from the annually published *Statistics on Looked After Children* which indicate that young people who are subject to a HSR are likely to leave school with fewer qualifications than their peers – including young people who were ‘looked after’ away from home (Scottish Government, 2007, 2008a, 2010). Figure 1 below demonstrates that the percentage of young people who are subject to a HSR leaving school with at least one qualification at SCQF level 3 or above (between 2002/03 and 2006/07) is considerably lower than for young people ‘looked after away’ from home.

Figure 1: Percentage of care leavers beyond minimum school leaving age with at least one qualification at SCQF level 3 or above, 2002-03 to 2006-07 at the point of leaving care



Source: HMIE, 2008: 7

Over the past 20 years the educational achievements of ‘looked after’ children have been the focus of great academic and policy interest (Berridge, 2006, Cashmore et al., 2007, Cheung and Heath, 1994, Colton and Heath, 1994b, Connelly et al., 2008, Essen et al., 1976, Francis, 2000, HMIE, 2008, HMIE and SWSI, 2001, Jackson, 1994, Kidner, 2005, McClung and Gayle, 2010, Stein, 1994, Vinnerljung et al., 2005, 2006). In Scotland, the preoccupation with the educational achievements of ‘looked after’ children has lead to a number of reports and initiatives such as the reports published by the Her Majesty Inspectorate of Education: *Learning with Care* (HMIE and SWSI, 2001) and *Count us In: Improving the Education of our Looked after*

Children (HMIe, 2008). Considering all the attention given to the educational outcomes of 'looked after' children in Scotland since devolution, it is perhaps not surprising that the news that young people who are subject to a HSR were still lagging behind raised a number of questions. Why were young people who were subject to a HSR leaving school with fewer qualifications than their peers? Why were HSRs failing to improve the educational outcomes of young people? Did HSRs bring improvements to any other areas of young people's lives (i.e. physical and mental health; relationships with parents, peers and the community; involvement in criminal activity)? Were the needs of this group of young people different from those of other 'looked after' young people? Were HSRs being implemented correctly? What happened whilst young people were subject to a HSR? What services and support were made available to them? What could be done differently in order to improve the educational outcomes of young people who are subject to a HSR?

It was these questions, and the deficit of information on how HSRs work in practice, that led the Scottish Government in partnership with the Economic and Social Research Council (ESRC) and the University of Edinburgh to set up and fund this case studentship. The implied aim was therefore to examine the effectiveness of HSRs – to identify the intervention's aims and objectives; to find out whether these were being achieved and if not, to identify the reasons why that was the case; and to point out to ways in which to improve their 'success rate'. This was then a similar aim to that established by the Scottish Executive when commissioning the first study of HSRs. It is unclear whether the desire to evaluate HSRs a second time was due to a need to see whether there had been any changes in the way that HSRs work in practice since the time of the first study; or if it was due to a lack of awareness about that study and its findings. What is clear, however, is that the question of whether social services interventions are effective in achieving their objectives or not has been increasingly dominant in social policy and practice and a prime concern of social researchers in this field (Altman, 2008, Cheetham et al., 1992, Healey, 2000, Healy and Meagher, 2004, Hill, 1999b, Leigh and Miller, 2004, McLeod, 2006, Thompson, 2008, Tilbury et al., 2010).

Measuring the effectiveness of social policy and services is important in a context of diminishing resources and increased needs – a service which is not producing its desired outcome to bring about positive change is a waste both in social and economic terms. Measuring the effectiveness of social policy and services is, however, a contentious issue. Cheetham et al. (1992: 7) for example, argue that any study which aims to evaluate social work practice “can raise as many questions as it answers, and it is unlikely to produce definitive conclusions about ‘best practice’ or about the success of whole enterprises”. That is because social policy and services are subjective and situational (Cheetham et al., 1992, Fawcett and Featherstone, 1998, Hill, 1999a); and they will not produce the same outcomes in every context. Moreover, the idea that one can establish with any certainty whether a social service has achieved outcome A or B assumes that there is an objective reality which can be measured; always a challenge for social work research (Fawcett and Featherstone, 1998).

1.3 Rationale for the study

I applied for the Case Studentship because of my interest in the ‘new’ sociology of children and childhoods, and a desire to carry out research with children. Until relatively recently social scientists considered children as ‘becoming’ rather than ‘being’ and childhoods as a ‘natural’ rather than a social phenomenon (Jenks, 2005). From the early 1980’s onwards, sociologists have become increasingly interested in the phenomenological world of the child as a site of sociological research. The recognition of children as active social actors in their own right and of childhoods as a social (and historical) phenomenon has generated some innovative and exciting work which I avidly read and aspired to contribute to (see for example Christensen and Prout, 2002, Ennew, 1994, James and Prout, 1990, Jenks, 2005, Thomas, 2007). As I read these texts, I became increasingly interested in discourses around children’s rights as established and promoted by the United Nations Convention on the Rights of the Child (1989); and their implementation in different social contexts. I also become increasingly aware that, despite a variety of voices claiming to represent children, children’s views and opinions were still often missing from key policy and

legislation, and that their participation in research, as well as in consultations about a myriad of topics, tended to be rather tokenistic.

Despite my interest in theoretical and practical issues related to research with children and young people, I have come into this study as an outsider – both in terms of my professional affiliation, as well as cultural background. As a sociologist by training, I was not familiar with social work theory or practice. Additionally, having grown up in Brazil I had never come into contact with social services in this country, apart from a brief encounter when I first moved to the UK. My understanding of the child care system in Scotland was based on what I read in the news (often related to cases of child death or abuse); and in reports published by some of the larger organisations working with children such as *Barnado's* and *Who Cares? Scotland*. These reports tended to express a general concern for the state of care provided to children fuelling the popular perception that the care system is failing children (Forrester, 2008).

This has, therefore, been a journey of learning and self-discovery. As the research progressed and my understandings of the child care system, social work practice and looked after children developed I become increasingly aware of the ‘messiness’ of social work. Nothing was as straightforward, or as clear cut, as I had initially thought. Thus the initial aims of the research shifted from an evaluation of HSRs to an exploration of how individuals make sense of their social world and the meaning they attach to social phenomena, how relationships between the different stakeholders were negotiated and the impact these negotiations had on them and the possibilities for practice.

1.4 Aims and objectives

The aims of my study were:

- To explore the views and experiences of young people, parents’ and social workers’, about HSRs and, in doing so, to contribute towards filling a gap in

existing information about children who are subject to HSRs and their families;

- To describe young people's trajectories through the care system and their families history of involvement with social services; and
- To find out more about how HSRs work in practice and whether there is a disjuncture between policy and practice, as suggested by Murray et al (2002).

My objectives were:

- To obtain a better understanding of the circumstances which result in young people being subject to a HSR;
- To find out which services and resources were made available to young people and their families prior to, during and after the HSR; and
- To gain an understanding of how HSRs may impact on young people and their families; and how this affects their relationships with each other and with social workers.

It is important to note here that when talking about the impact HSRs have on young people, I am not referring to empirically measurable results which may be able to explain which type of service or support may result in outcome A or B. Instead I will report participants' views on what they thought the impact of the HSR had been on them; and what, in their opinion, had helped or hindered them.

By exploring the meanings which these stakeholders attach to HSRs and their experiences of it I hope to offer a more critical understanding of compulsory interventions in the family and contribute to the ongoing debate about the effectiveness, or otherwise, of social services provisions and the role of the Welfare State. I also hope that the findings of this research will potentially produce new understandings about HSRs, service users and social workers that can be useful to policy and practice.

1.5 The study

The research was conducted in a relatively large urban local authority in Scotland, herein referred to as Thistle city. The focus of the study was on young people aged between 12-15 years old who were subject to a HSR for at least 12 consecutive months sometime at the 31st of December 2008; as well as on their parents and social workers. I decided to focus on this group of young people because most referrals to the Reporter are of 12 to 15 years old (SCRA, 2007a, 2008); and this had consistently been the largest group of 'looked after children' in Scotland (Scottish Government, 2007, 2008a). They are also more likely to be subject to HSRs with 38.8% of all children subject to a HSR being 12-15 years old (Scottish Government, 2007, 2008a, 2010). The Scottish Children's Reporter Administration (SCRA) identified all young people who fitted in the above mentioned criteria and forwarded them information packs about the research.

I adopted a multi-method approach as this seems to be the most suitable approach to the study of complex phenomena and is an approach often adopted in social work research (Cheetham et al., 1992). I conducted secondary analysis of data obtained from the SCRA that provided individual data on all young people (N=98) who were subject to a HSR in Thistle city for 12 months or more at 31st of December 2008. This information provided a 'profile' of young people subject to a HSR as well as a charter of their involvement with the Children's Hearing System. This highlighted the similarities between young people who are subject to a HSR and those who are subject to other types of supervision requirements (SRs) in Scotland.

I also carried out documentary analysis of young people's social work case files. Social work case files contain a number of different documents which provide qualitative information in narrative form about young people and their families, as well as a history of contact with social services. What gets recorded, how and to what effect is the result of the same system that they describe and influence. Case files are therefore of interest not because of what they record but how they construct subjects and facilitate the management of individuals and populations – in this case young people and their parents.

Finally, semi-structured in-depth interviews were conducted with 10 young people, nine parents, one significant person and 10 social workers. All of the young people interviewed had been known to social services for a considerable length of time; and had been subject to HSR between 11 months and 10 years. The interviews revealed a great deal of ambivalence towards HSRs from all stakeholders, and a lack of clarity about the nature and scope of the intervention.

1.6 What's in a word?

Before moving on to summarising the structure of the thesis I feel it is important to explain some of the choices I have made with regards the language being used here. As McLaughlin (2009) argues, the words we use to identify individuals are very important because they signify these individuals' positions within differing relationships and power dynamics.

The first consideration is with regards to the distinction I make here between children and young people. Following the UNCRC children are most commonly defined as a person under 18 years, unless national law states that majority is attained earlier (Article 1). In Scotland, the 1995 Act uses different age thresholds to define a child. In Part I of the 1995 Act a child is defined as a person under 18 years, while in Part II (Chapters 2 and 3) a child is defined as a person under 16 years (McRae, 2006). In this discussion, I am using children to refer to all under 18 years old who are looked after by a local authority in Scotland. However, I have chosen to refer to the particular age group included in the study (12 – 15 years old) as young people. This is because I wish to remind the reader that at this age individuals were seen as old enough to take on some responsibilities, but not old enough to have all the freedoms of an adult.

The second clarification that needs to be made here is with regards young people's legal status. Since the implementation of the Children (Scotland) Act in 1995, children who come under the care of local authorities (either under voluntary or compulsory measures) are no longer referred to as 'children in care', as this was

perceived to be a stigmatising label (McRae, 2006). Thus, children under a supervision requirement were now to be referred as 'looked after' children – or LAC for short. If the supervision requirement requires the child to reside out with their normal place of residence he or she is said to be 'looked after' and accommodated or 'looked after' away from home (s. 70(3), 1995 Act). If the child remains resident in the family home he or she is said to be 'looked after' at home (s. 70(1), 1995 Act). Despite the term 'looked after' at home being the most commonly used in the literature I have opted to refer to this group of children as being subject to a HSR. This was because the term being 'looked after' at home is confusing at best, and misleading at worst. When I first read about this research I did not understand what was meant by children who were 'looked after' at home. My initial thought was that these were children who were being schooled at home, and that this was the reason for their poorer educational outcomes! Over the period in which I have been working in this project I have come to realise that my initial misunderstanding was not that uncommon. As the research progressed I also realised that to say that children who are subject to a HSR are 'looked after' at home is, in a way, an oxymoron.

A third clarification to be made here is with regards my use of 'service users' to describe the relationship between young people, their parents; and social workers. Over the years a number of labels have been used to describe this relationship such as 'patients', 'clients', 'customers', 'consumers', 'experts by experience' and 'service users' (McLaughlin, 2009). Each of these labels implies a different type of relationship which accords differing power to the individuals involved. Often the social workers I have spoken to referred to the people they worked with as their 'clients'; and this is also the term most commonly used internationally to describe the social work relationship (McLaughlin, 2009). The 'client' is someone who needs specialist help – that is, who is dependant, for one reason or another, on the specialist knowledge and skills of the professional social worker (McLaughlin, 2009). The 'client' is therefore a somewhat passive recipient of services which are determined according to professionals' assessment of their needs. However, the young people and parents I spoke with were not passive recipients of services, nor were they unable to assess their needs. They might have had limited possibilities to determine

what services were provided or when, due to the compulsory nature of the intervention, but they were not power-less often resisting and making use of subterfuge in their encounters with social workers.

The label 'service user' was therefore preferred because it suggests a more active role for young people and their parents. McLaughlin (2009) notes that the term 'service user' has emerged from two developments. First, the increased push towards 'consumer choice' which has gained momentum in the UK since the early 1980's and which culminated under the policies of New Labour. Second, the strengthening of the ideal of participation as a tool to empower service users and, consequently, improve social services. Although 'service users' is preferable from 'clients' or 'consumers', it is far from ideal. Firstly, as Gallagher et al (Gallagher et al., 2010) note, 'user' implies that individuals are willing partners and that they are able to articulate what they want; when in reality users of social services are often not willing to engage with these services but have to due to the compulsory nature of the measures imposed on them. Secondly, as other labels, it homogenises a rather diverse group of young people and parents - it highlights one aspect of a person's identity to the detriment of others. Finally, the active service user is part of the neo-liberal project to create the 'entrepreneurial-self' (Rose and Miller, 1992) and, as all other types of discourses it operates through power/knowledge and it cannot be divorced from control (Healy, 2000). I shall be returning to this final point throughout the thesis.

A final point to be made here is that some often used concepts in social policy and practice such as 'at-risk', 'high-risk', 'high-tariff', 'significant-harm', 'offending' and 'anti-social behaviour' are very loosely used to include a range of diverse actions, behaviours and factors. There is not one single definition or understanding of what these concepts mean, and in this thesis I will not be attempting to provide such definitions. Instead, I will be highlighting how such emotive language is often used in practice and to what effect.

1.7 Structure of the thesis

In the next chapter I will first provide an account of the policy context and child legislation in Scotland. As aforementioned, the Children (Act) Scotland 1995 is the main legislation governing the protection of children in Scotland but provides only a general indication of what HSRs should comprise of. More detailed directions to local authorities can be found in Regulations and Guidance issued by Ministers and I shall be considering those here. I will also be providing a summary of the Children's Hearing System as all needs and deeds of under 16's in Scotland are dealt with by the Hearings (McGhee and Waterhouse, 2007).

During the second part of Chapter 2 I will review some of the relevant literature concerning looked after children. I will be focusing on research into the outcomes of looked after children, and the findings of studies which have included children who are subject to a HSR as this has been key to the initial development of this research.

Chapter 3 is where I will be exploring the key theoretical ideas that have influenced the development of the thesis. In this chapter I will develop three, inter-related ideas. The first is a consideration of how new forms of power that emerged in the 19th Century are linked with the emergence of social work as a discipline. As I will be arguing, Foucault's theorisation on power/knowledge has important insights to offer as it provides the conceptual framework within which to understand the development of social work as a modern discipline. Following from this I will turn to the second idea being developed in this chapter, that is, the impact of the rise of neo-liberal discourses in social work practice and the increased focus on risk assessment and risk management. The final part of Chapter 3 will explore historical conceptualisations of the child. It attempts to show how these too are intrinsically linked with wider socio-political and economic process; from the emergence of new forms of power in the 19th Century to today's increased prevalence of neo-liberal discourses.

Chapter 4 will outline the research design and methodology and the rationale for how certain choices were made. After a short reiteration of the research paradigm I will move on to an explanation of the theoretical, ethical and practical factors that have

affected the decisions made regarding the research design. In this chapter I will recount how participants were selected and recruited, and also describe some of the characteristics of my respondents noting the similarities between this group of young people and the characteristics of 'looked after' children more generally. In the latter part of the chapter I will be exploring how the different methodologies have worked in practice, their advantages and limitations, and how the data produced was analysed.

Chapter 5 will show the results of the secondary analysis of data provided by the Scottish Children's Reporter Administration (SCRA). SCRA provided a detailed history of involvement with the Children's Hearings for all 12-15 years old who were subject to a HSR for 12 months or more at the 31st of December 2008 in Thistle city. This included all referrals made to the Reporter and all Supervision Requirements (SRs) since 2001. The second part of this chapter will explore in some detail the care history of the 12 young people included in the study.

Chapter 6 considers whether key statutory requirements were being met in relation to the study's sample. Section 17 of the 1995 Act establishes that local authorities have an obligation to safeguard and promote the welfare of all children and young people that are looked after by them and to provide services that would normally be provided by parents. The HSR should therefore guarantee young people access to a certain level of services (although the Act does not make it explicit what would normally be provided by parents). The latter part of this chapter will therefore be considering what services and resources were made available to the young people and their families.

Chapter 7 will focus on participants' views and experiences about HSRs. I will consider how service users and service providers negotiate the compulsory intervention, paying particular attention to strategies of struggle they have devised in order to contest dominant discourses about parenting, youth and social work practice.

Chapter 8 will start with a short summary of some of the key findings of this research before returning to the question of what HSRs are for. I will also be considering the implications of the study's findings for theory, policy, and practice and suggest areas of interest for future research.

1.8 Conclusion

In this chapter I have provided a brief overview of HSRs. I have asserted that little is known about how HSRs works in practice, or about the children who are subject to this type of compulsory intervention. The key aim of this research is therefore to explore the views and experiences of young people, parents' and social workers', concerning HSRs. I have also explained that as the research evolved and my understanding of social policy and practice developed I became aware of the 'messiness' of social work and the unfeasibility of measuring its effectiveness. At the same time I became increasingly interested in the ways in which young people, their parents and social workers negotiate their relationships and the impact this had on how HSRs were implemented. Thus, another aim of this research is to gain an understanding of how these relationships evolve over time. In what follows I will be considering the policy and legislative context, and provide an overview of the Children's Hearing System.

Chapter 2: Research Context: legislation, policy and practice

2.1 Introduction

This chapter has two aims. Firstly to provide a summary of key policy and legislation in Scotland in order to clarify for the reader what HSRs are. As the policy context of children's services is constantly changing I will be focusing here on developments taking place before the completion of the field work for this study, in October 2009. Any changes taking place after this date would have had no impact on the work being carried out with the young people and parents I interviewed and thus, would not be relevant to their personal experiences of HSRs.

Secondly to provide a summary of research findings about young people who are subject to a HSR, and 'looked after' children more generally. There has been little research on children and young people who are subject to a HSR. However looked after children have often been a reason for concern and there has been a wealth of research carried out on them. It would be impossible to cover the vast literature concerning looked after children and in this chapter I will instead be focusing on the key findings of research exploring the factors contributing to children's admission into care; and children's outcomes once they cease to be looked after and the implications of the focus on outcomes. I will conclude with a summary of the findings of the first and only study to date which has focused exclusively and in-depth on HSRs.

2.2 Child care legislation in Scotland

Child care legislation in Scotland derives from two key pieces of legislation – the Social Work (Scotland) Act of 1968 and the Children (Scotland) Act of 1995. I shall now briefly consider each of these in turn, and will conclude this section with a brief explanation of how the Children's Hearings System in Scotland works.

2.3 The Kilbrandon Report of 1964 and the Social Work (Scotland) Act of 1968

The origin of the Social Work (Scotland) Act of 1968; herein referred to as the 1968 Act, can be traced back to the publication in 1964 of the Report on Children and Young Persons, Scotland – most commonly known as the Kilbrandon Report (McDiarmid, 2005). A lot has been written about Kilbrandon's contribution to child care legislation in Scotland (for a comprehensive review see: Murray and Hill, 1991, Tisdall, 1997), but suffice to say that the Kilbrandon Report revolutionised child care legislation in Scotland by making the welfare of children the key principle guiding legislation, policy and practice (McDiarmid, 2005, Tisdall, 1997). The two key principles proposed by the Report can be summarised in two phrases "*needs not deeds*" – that independent of how children came to the attention of the authorities, the main considerations should be in meeting their needs – and "*mixing the deprived and the depraved*" – that the system deals in exactly the same way with children who offend as those who need care and protection (McDiarmid, 2005). Arguably, the recognition that children who offend are the same children who are in need of care and protection is not as revolutionary as often depicted and as early as the 19th Century philanthropic organisations were devising techniques in order to converge the question of the deprived and the depraved (Donzelot, 1979). I shall be returning to this point in Chapter 3 when considering social work as a discipline.

The Kilbrandon Report also led to the formation of a working party to review the organisation of Scottish social services (Brodie et al., 2008). As a result of this review the 1968 Act was introduced becoming "the foundation of child care legislation in Scotland" (Tisdall, 1997). The 1968 Act set the legislative foundations for the creation of the Children's Hearings System as well as social work departments that were to be responsible for the co-ordination of all social services (Tisdall, 1997). The Scottish system had a strong welfare basis which set it apart from the English and Welsh system which continued to be justice-led (Tisdall, 1997). The Scottish model does not, however, exist in isolation from the English and Welsh systems (Children Protection Research Centre, 2012, Tisdall, 1997).

Over the years the 1968 Act was substantially amended, but the main framework was maintained and developed as required by changing circumstances and demands (Tisdall, 1997). This was to change in the 1990's when a number of enquiries into the system called into question its effectiveness which led to the introduction of the Children Acts in the late 1980s and 1990s across the UK (for a review of these events see for example: Tisdall, 1997, Parton et al., 1997, Stafford and Vincent, 2008).

2.4 The Children (Scotland) Act of 1995

The main legislation which underpins child care in Scotland today is the Children (Scotland) Act 1995, herein referred to as the 1995 Act. Part I of the 1995 Act came into force on 1st November 1996; and part II in April 2007; thus replacing these provisions in the 1968 Act. As aforementioned, the 1995 Act was introduced, in part, in response to a series of scandals in the early 1990's that put the effectiveness of the Scottish child care system into doubt (Tisdall, 1997). Its introduction can also be understood in a context of changing priorities and a greater preoccupation with children's rights following the UK ratification in 1991 of the 1989 United Nations Convention on the Rights of the Child (UNCRC). In accordance with the UNCRC, the Act promotes a child-centred ethos, placing greater importance on including children and young people in decision making that affects their lives.

There are three core principles which are embedded in, and inform the 1995 Act (McGhee and Waterhouse, 2002). The first one is the paramountcy principle which establishes that the welfare of children should be the paramount consideration in all decisions made by the Children's Hearings and the Courts (s. 16 (1) 1995 Act). This puts children's well being at the centre of all decisions, irrespective of resource considerations; thus continuing to adhere to Kilbrandon's key principles. As I shall be discussing later, despite the paramountcy principle guiding all decisions of the Hearings its implementation in practice is more problematic as parental rights/responsibilities, conflicting interests and interpretations of 'the problem' and the availability of (suitable) resources must also be taken into account. Moreover, the

paramountacy principle can be revoked “for the purpose of protecting members of the public from serious harm (whether or not physical harm)” (s. 16 (5) 1995 Act). This caveat is, however, rarely used.

The second principle refers to participation. At various points the 1995 Act emphasises that children’s views should be taken into consideration in major decisions which may affect them. Section 6 (1) for example establishes that a person should

“have regard so far as practicable to the views (if he wishes to express them) of the child concerned, taking account of the child’s age and maturity, and to those of any other person who has parental responsibilities or parental rights in relation to the child (and wishes to express those views).”

This is supposed to be a general principle that applies to all children. However, in speaking with different professionals working directly with children and young people it seems that there is a presumption that this principle refers *only* to children who are 12 years or older. This may be due to the final sentence in Section 6 (1) (as well as in Section 16 (1)) which states that

“...*without prejudice to the generality of this subsection* a child twelve years of age or more shall be presumed to be of sufficient age and maturity to form a view” (emphasis added).

It seems that the first part of this sentence tends to be misunderstood thus putting into question the applicability of this right to younger children.

The final principle is that of minimal intervention, or the ‘no order’ principle. Section 16 (3), for example, establishes that no requirement order should be made unless a Children’s Hearing or the sheriff consider that “it would be better for the child that the requirement or order be made than that none should be made at all.” This means that a Children’s Hearing should only make, vary or continue a supervision order if it would be better for the child than not doing so. Operating under the principle of minimal intervention practitioners should, as far as possible, seek alternatives to

removing young people from home – unless this is seen as in the best interest of the child.

Two further concepts introduced by the 1995 Act are worthy of particular note. First, as mentioned in the introduction, in order to diminish the stigma associated with public care, children and young people are now said to be ‘looked after’ by local authorities (McRae, 2006: 7). The acknowledgement that ‘children in care’ was/is a stigmatising label gives an indication of how embedded the notion of these children being troubled or troublesome is in popular consciousness. The new terminology is welcome but it does not address the issue at the heart of its adoption – the stigmatisation of a group of children perceived to be a ‘social problem’. Moreover, the term ‘looked after’ is not without its problems. Research suggests that ‘looked after’ children do not feel ‘looked after’ when, for example, their voices are not heard and their wishes not respected (McLeod, 2006).

The second concept introduced by the 1995 Act is that of ‘corporate parenting’. This means that all departments of a local authority have a responsibility in promoting the welfare of ‘looked after’ children and young people and that they should all “work in partnership, with parents and children, and with other agencies providing health and welfare services” (McRae, 2006: 7). The emphasis on partnership can be seen as a direct result of the numerous Child Abuse Inquiries and social services reviews carried out in the 1980’s which emphasised the need for greater collaboration between agencies (Hill, 1990). This is an ongoing concern as highlighted by the publication in 2005 of the *Getting It Right for Every Child* (GIRFEC) policy initiative (Stafford and Vincent, 2008). I shall be returning to this point later on in this chapter.

The 1995 Act, as did the Children Act 1989 in England, attempts to arrive at a new consensus and to strike a new balance between the rights of individuals and state intervention (Parton et al., 1997, Tisdall, 1997). Thus section 22 (1) of the 1995 Act states that a local authority shall:

- a) Safeguard and promote the welfare of children in their area who are in need; and
- b) So far as consistent with that duty, promote the upbringing of such children by their families

This is to be achieved by the provision of a range of services to the child and his or her family according to their needs. The Children Acts across the UK jurisdictions encouraged professionals to provide support to all families with children in need and to work in partnership with parents and children. The ‘children in need’ category aimed to promote a needs-led approach in practice (Tisdall, 1997). However, with the other key element of these Acts being the centrality of assessment of ‘high risk’, in the form of significant harm, as the criteria to be used for making decisions it seems that service provision is risk-led rather than needs-led. At least in theory the assessment of ‘high risk’ provided the mechanisms for ensuring that children are protected while at the same time avoiding unwarrantable interventions. I shall return to this point in Chapter 5.

2.5 The Children’s Hearings System

The Children’s Hearings System was introduced in 1971. It was Kilbrandon’s recognition that children who offended often experienced similar circumstances to those who were in need of care and protection which set the foundations for the introduction of an integrated child welfare and justice system. The principle underpinning the integrated system was that hearings should function as a forum where all parties could discuss what would be the best course of action to take when a child is referred either on care and protection, or offence grounds (McGhee and Waterhouse, 2007). The Children’s Hearings were intended to provide an opportunity for agreements to be reached without the need for punitive measures.

The terms under which the Children’s Hearing System operates are still defined by the 1995 Act (Part 2, Chapter 2) and its associated Rules (Children’s Hearings (Scotland) Rules 1996). In 2011 the Children’s Hearings (Scotland) Act 2011 received Royal assent. The 2011 Act introduces a number of changes to how the

Children's Hearing System operates, and this will be elaborated upon later in this chapter. However, as these changes have not yet been implemented I will be describing the key principles of the Hearing pre-2011 Act as this is the system under which the Children's Hearings system continues to operate.

The 1995 Act stipulates that each local authority shall have its own Children's Hearings tribunal (s. 39 (1) 1995 Act). Each hearing is staffed by three lay volunteers with an interest and/or knowledge in children's issues, known as the Children's Panel members; and the Reporter. The Reporter is a person with, or without, legal qualifications who is responsible for investigating all referrals made to the Children's Hearings. Since 1996 the Children's Hearings System has been administered by a national non departmental public body, The Scottish Children's Reporter Administration (SCRA). All referrals are now made to SCRA, which holds all the information on referrals and Children's Hearings procedures and outcomes.

Referrals to the Children's Hearings' Reporter can be made by anyone, although historically, most are made by the police (McGhee and Waterhouse, 2002, SCRA, 2007b). Once Reporters have received a referral they will initiate an investigation to decide whether a children's hearing is required (1995 Act, s. 56 (1)). In order to make such decisions, Reporters may request a report from the local authority, and often from social work and education departments, or any other professionals involved with the case (Murray and Hallet, 2000). Once an initial investigation is concluded the Reporter decides whether:

- to take no action
- to refer the child to the local authority for voluntary measures of support
- to call for a Children's Hearing; provided that (a) compulsory measures are necessary and (b) at least one of the grounds of referral have been established (s. 65 (1) (a-b)).

Compulsory measures of supervision may be necessary if at least one of the following conditions is satisfied. If the child is (s. 52 (2) (a-1):

- a. beyond the control of any relevant person;
- b. falling into bad associations or is exposed to moral danger;
- c. likely
 - i. to suffer unnecessarily; or
 - ii. be impaired seriously in his health or development due to lack of parental care;
- d. a child in respect of whom any of the offences mentioned in Schedule 1 to the [1975 c.21] Criminal Procedure (Scotland) Act 1975 (offences against children to which special provisions apply) has been committed;
- e. is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed;
- f. or is likely to become, a member of the same household as a person who has committed any of the offences referred in paragraph (d) above;
- g. or is likely to become, a member of the same household as a person in respect of whom an offence under sections 2A and 2C of the [1976 c. 67] Sexual Offences (Scotland) Act 1976 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
- h. has failed to attend school regularly without reasonable excuse;
- i. has committed an offence;
- j. has misused alcohol or any drug, whether or not a controlled drug within the meaning of the [1971 c. 38] Misuse of Drugs Act 1971;
- k. has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes;
- l. being provided with accommodation by a local authority under section 25², or is the subject of a parental responsibility order obtained under section 86³,

² Section 25 1 (a- c) of the 1995 Act sets out that local authorities shall provide accommodation for any children residing or being found in their area if: (a) no one has parental responsibility for her or him; (b) she or he is lost or abandoned; (c) the person responsible for her or his care is unable, either permanently or temporary to provide suitable accommodation or care. The views of the child should be taken into consideration before accommodating her or him (s.25 (5)). When a child is

of [the] Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others.

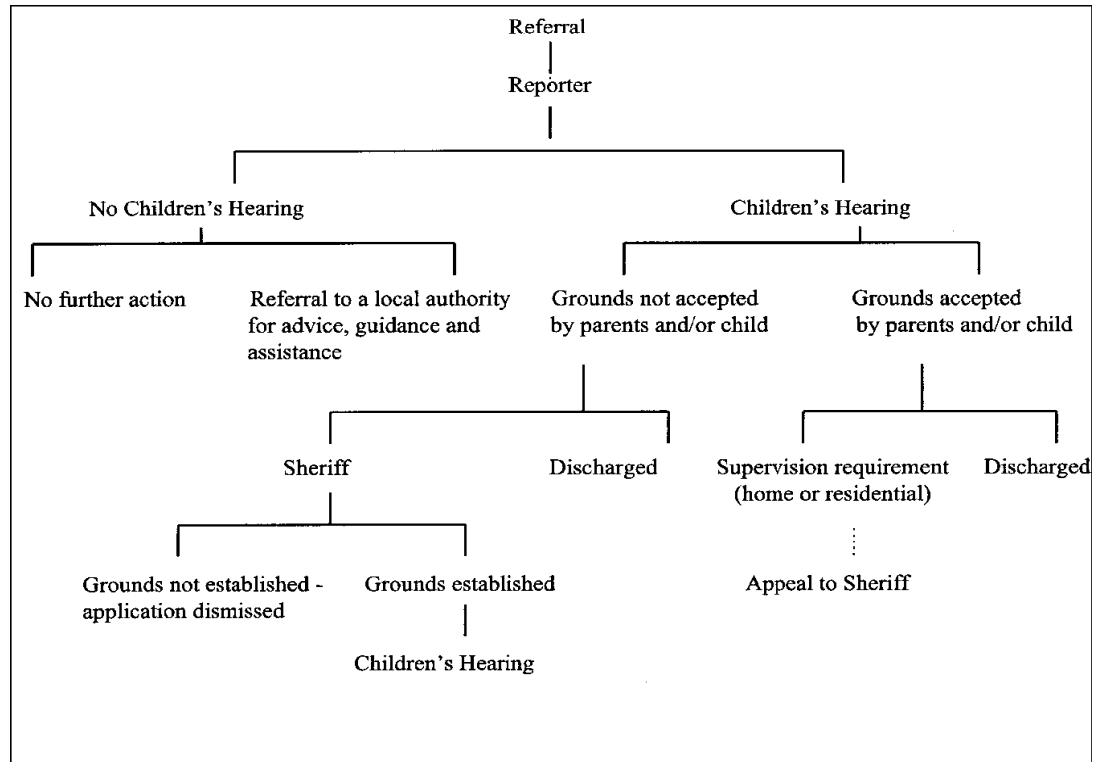
These 12 conditions are often referred to as the ‘grounds for referral’. Children are often said to be referred on ‘offence ground’ (i) or ‘non-offence grounds’ (a – h and j – l). Such divisions are not as straight forward as this list suggests and it is not unusual for children to be referred on multiple grounds at any given time, or on different grounds over the years. I shall be returning to this point in Chapter 5.

Section 43 (1-2) of the 1995 Act and associated Rules establishes that Children’s Hearings shall be conducted in private; should only be attended by those whose presence is judged to be necessary for the proper consideration of the case; and that the number of persons attending should be kept to a minimum. Each hearing is staffed by three (lay) volunteers (Panel Members) with an interest or knowledge in children’s issues. As well as Panel Members, social workers, teachers, other professionals, parents/carers and children (depending on their age and maturity) will also take part in the hearing. Ultimately, decision-making rests with Panel Members who may decide to discharge the case, continue for further inquiries or place a child under a supervision requirement according to section 70 of the 1995 Act (s. 69 1995 Act). Decisions are based on reports produced by social workers and other professionals, as well as in discussions that take place during the hearing with those present. Figure 2 below illustrates the decision making process within the Children’s Hearings.

accommodated under section 25 it is commonly said that the child is subject to voluntary measures of supervision.

³ Section 86 of the 1995 Act refers to parental responsibilities orders (PROs). Section 86 (1) establishes that following an application from the local authority the sheriff can make an order to transfer parental responsibilities to them. PROs were ended with the Adoption and Children (Scotland) Act 2007 and replaced with a more flexible ‘permanence order’. Unlike in England and Wales parental rights are not automatically transferred to the local authority once a child becomes looked after.

Figure 2: Children's Hearings' decision making process



From: Murray and Hallet (2000: 246)

In their evaluation of the decision making process in the Children's Hearing, Hallet et al. (1998) note that the decisions taken by the Panel Members were in accordance with social workers' recommendations in the majority of cases (84%) of the 60 Hearings they observed. This was particularly the case where cases were already in the system as Panel Members thought it was likely that social workers would have had time to do extensive work with the child or young person. Nonetheless, Panel Members regarded themselves as having an 'open mind' as they acknowledge that information provided by professionals may be incomplete or inaccurate.

Families' presence at the hearing can also have an influence on the Panels' decisions. A relevant person has the right to attend the hearing and is obliged to do so unless the Children's Hearing decides that his or her presence would be unreasonable or detrimental for the proper consideration of the case (s. 45 (8) (a-b)). Some of the Panel Members interviewed by Hallet et al. (1998) noted that the way in which families presented themselves (i.e. if they agree or disagree with the grounds of

referral; if they take responsibility or blame others) may persuade them to keep the child at home. They also found that family cooperation, or lack of it, was also an influencing factor in Panel Member's decisions. I shall be returning to this point in Chapter 7 when considering the strategies young people and families use in order to exercise some control over their relationship with social services.

The Children's Hearing System was well ahead of its time in affording children and young people the "opportunity to participate in the discussion and of being heard in the case" (Children's Hearings, Scotland Rules 1971; r. 19 (3) (b)). It would take another 18 years for the United Nations Convention on the Rights of the Child (UNCRC) to explicitly recognise children's rights to participate (Murray and Hallett, 2000). Since the 1995 Act the participatory credentials of the Hearings were further strengthened as children now have a right to attend the hearing depending on their age and maturity (s. 45 (1) (a)); establishing that a Children's Hearing shall (so far as practicable) give children and young people the opportunity to express their views if they wish to do so and take these views into consideration (s.16 (2)).

As McGhee and Waterhouse (2002: 274) observe "The children's hearing is not a court but a tribunal involving a lay panel of volunteers and straightforward procedures minimizing legal technicalities." In this model Courts are involved only in a few instances: when the grounds for referral are disputed, if there is an appeal or in cases of serious criminal offence. The courts can also be involved where the local authority is seeking to obtain parental rights, or a child is being freed for adoption (Waterhouse and McGhee, 2002). The other instance where courts will be involved is where there is an urgent case requiring a child protection order "but the order is reviewed by the hearings system within two working days and it has responsibility for any continuing measures of protection" (McGhee and Waterhouse, 2002).

It was suggested that with the implementation of the Antisocial Behaviour etc. (Scotland) Act 2004 this welfare-based model would weaken as decisions about whether to make a child or young person subject to an Antisocial Behaviour Order was now to be left with the courts (Cleland and Tisdall, 2005, McDiarmid, 2005).

The 2004 Act allows Sheriffs to impose an Antisocial behaviour order (ASBO) on a young person over the age of 12. If the young person is aged between 12 and 15 a Children's Hearing is held before the Sheriff can consider whether to grant an ASBO against the young person. This power has however been used sparingly with only 14 ASBOs being issued between October 2004 and March 2008 against 12-15 years old (Criminal Justice Social Work Development Centre). In 2009 the Scottish Government carried out a consultation in order to update the policy in relation to anti-social behaviour. This consultation produced the Framework for tackling Antisocial behaviour, *Promoting Positive Outcomes*; jointly published by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) in October 2009. The focus of the framework is on prevention and early intervention.

In 2004 The Scottish Executive carried out a major review of the Children's Hearing System – the first since it was introduced in 1971 (McDiarmid, 2005, Stafford and Vincent, 2008). Despite overwhelming support for the principles of the system some areas for improvement were identified, such as the need for greater co-ordination of services; and the modernising and strengthening of the Children's Hearing (Scottish Government, 2008c, McDiarmid, 2005). A key concern raised at the time of the review was that children were being drawn into the system unnecessarily and were not getting the support they required (Stafford and Vincent, 2008). Another criticism levelled against the Children's Hearings was that children's rights were not being observed in certain instances. This review resulted in the Scottish Executive (2005) publishing the *Getting It Right for Every Child* (GIRFEC) policy initiative. GIRFEC proposes a number of changes to children's services as a whole and a review of the Children's Hearing System with the aim to improve the outcomes of all children and young people in Scotland (Scottish Executive, 2005). The following year saw the publication of the *Getting It Right for Every Child* implementation plan (Scottish Executive, 2006).

The far-reaching proposals put forward by GIRFEC are part of the policy focus on children's services since devolution and "represents a concerted attempt to address the long-standing difficulties that continued to be identified in successive reviews

and enquires” (Stafford and Vincent, 2008: 68) One common theme throughout these reviews was the need to rationalise and improve coordination and cooperation between agencies so that the needs of children and families were better met (Parton et al., 1997, Stafford and Vincent, 2008). This had been an explicit aim at least since the publication of the 1995 Act. As Stafford and Vincent (2008) observe:

“The GIRFEC proposals appear to be a concerted attempt to ensure inter-agency service provision of the kind advocated in the reviews carried out in the first half of the decade. This has been a long-standing aspiration (...) becoming ever more explicitly prescribed in legislation and guidance, perhaps most obviously in the Children (Scotland) Act 1995 which gave local authorities statutory responsibility in relation to children defined as ‘in need’ as well as those judged to be at risk.”

It seems therefore that despite wide range changes in legislation and policy, key difficulties have remained relatively static over the years. It remains to be seen whether GIRFEC will address these issues.

The GIRFEC framework introduced a common set of indicators to be used across all services for children and young people. The framework has eight well-being indicators: safe, healthy, achieving, nurtured, active, respected, responsible and included. According to the Scottish Executive (2007) these indicators can be used in order to assess if the basic requirements for guaranteeing that all children in Scotland grow and develop into successful learners, confident individuals, effective contributors and responsible citizens have been achieved. GIRFEC is now the key children’s policy framework in Scotland. However it has been noted by Stafford and Vincent (2008) that for the aims of GIRFEC to provide for the needs of all children a considerable amount of extra resources would have to be made available. I shall be focusing more on this topic throughout this thesis as this does not seem to be the case. Moreover, with the recent economic crisis and the ongoing cuts on public spending it is unlikely that these aims will be achieved any time soon.

One of the outcomes of the GIRFEC review has been the passing by Parliament of the Children's Hearings (Scotland) Act 2011. The 2011 Act introduces a number of changes to the Children’s Hearings System; such as the creation of a national

Children's Panel, the Children's Hearing Scotland, which will have a national convenor as chief executive. Ministers plan to have these changes implemented by September 2012 (Scottish Government, 2011). The fundamental principles and philosophy of the previous system remain in place.

Another outcome of the GIRFEC review has been a review of Children's Services. At the time of writing the Scottish Government was carrying out its consultation on the Children's Services (Scotland) Bill that proposes a programme of reform to take forward the principles of GIRFEC.

2.6 Defining looked after children and HSRs:

In the following section I will first describe the official rules and statutes that define 'looked after' children, home supervision requirements, and social services responsibilities; and then consider the research evidence on HSRs in Scotland.

2.7 The legal and policy framework

The 1995 Act defines 'looked after' children as those who are accommodated by local authorities and/or subject to an order or supervision requirement (SR) made by the courts or a Children's Hearing (s17 (6), 1995 Act). Section 17 also establishes that local authorities have an obligation to safeguard and promote the welfare of all children and young people that are 'looked after' by them and to provide services that would normally be provided by parents. Section 22 (1 (a-b)) establishes that the local authority shall provide services necessary to safeguard and promote the welfare of children in need and to promote the upbringing of these children by their own families. Services may be provided to the child and to her or his family, and may be in kind or in cash (3 (a) (i-iii)). The 1995 Act gives local authority duties towards 'looked after' young people until they are 18 years old, and discretionary powers to provide support till they are 21 years old.

Children may become ‘looked after’ on a voluntary⁴ or compulsory basis. Children ‘looked after’ on a voluntary basis are those who are accommodated by local authorities at their parent’s or their own request, or when there is no one with parental responsibilities and rights to care for them (s25, 1995 Act). They may also become ‘looked after’ under a compulsory measure of supervision, hereby simply referred to as a supervision requirement (SR). SRs can be issued in order to protect, guide, treat or control a child or young person (s52 (3), 1995 Act).

Section 70 of the 1995 Act covers the disposal of a SR by a Children’s Hearing. The two main subsections being:

- 70 (1) – The supervision requirement would, in most circumstances, stipulate that the child continues to reside in the family home (described as ‘children looked after at home’ or children under a home supervision requirement); and
- 70(3) – The Supervision Requirement would require the child to reside outwith their normal place of residence (i.e. place a condition of residence) (described as ‘children looked after away from home’ or ‘looked after and accommodated’)

Irrespective of which category children belong to, the Local Authority’s duties and power in respect of these children are the same (McRae, 2006).

Once a SR has been issued by the Children’s Hearings section 71 of the 1995 Act imposes a duty on a Local Authority to give effect to the SR and to any conditions contained within the requirement. If a child subject to a SR is residing with their parents, relatives or any other person associated with them, local authorities should,

⁴ The term ‘voluntary’ is often used as a short hand for section 25 of the 1995 Act. Section 25 1 (a- c) of the 1995 Act sets that local authorities shall provide accommodation for any children residing or being found in their area if: (a) no one has parental responsibility for her or him; (b) she or he is lost or abandoned; (c) the person responsible for her or his care is unable, either permanently or temporary to provide suitable accommodation or care. The views of the child should be taken into consideration before accommodating her or him (s.25 (5)) Accommodation can be provided for young people up to the age of 21 (s. 25 (3)).

from time to time, check whether the conditions imposed by the SR are being met (s. 71 (1-3)).

The 1995 Act is rather vague about what services and support are to be made available to children who are subject to SR. As aforementioned, section 17 (1) establishes that local authorities shall provide services that would normally be provided by parents; while Section 22 (1 (a-b)) establishes that the local authority shall provide services necessary to “safeguard and promote the welfare of children” in need and to “promote the upbringing” of these children by their own families. Section 22 notes that services may be in kind or cash but it does not specifies what these services might comprise of and whether there is a minimum or maximum limit to what should be provided. It is also not clear what is meant by ‘child in need’.

More specific guidance can be found on The Arrangements for Looked after Children 1996 (Scottish Office, 1996). The Arrangements to Look After Children (Scotland) Regulations 1996 were, until recently, the main guidance pertinent to looked after children in Scotland. In September 2009 The Looked After Children (Scotland) Regulations 2009 (Scottish Government, 2009a) came into force, revoking the Arrangements to Looked after Children (Scotland) 1996 and the Fostering of Children (Scotland) Regulations 1996. The key principles with regards SRs continue the same. At the time of the research the duties and functions of Local Authorities in respect of children who are ‘looked after’ by them were set by the Arrangements to Looked After Children (Scotland) Regulations 1996; thus I will be referring here to the 1996 Regulations as the main policy determining the nature of HSRs.

According to the Arrangements to Look After Children (Scotland) Regulations 1996, local authorities are responsible for drawing up clear care plans for all children that come under their remit (Regulation 3 (1)). Care plans are written documents which specify all the arrangements being made for the child or young person being ‘looked after’ by the Local Authority (Regulation 6). Such arrangements should take into consideration background information about the child or young person and, where

possible, be agreed with parent(s) or persons who are in charge of control. Regulation 4 (2) a-f establishes that when drawing up such a plan local authorities should take into consideration:

- a) Short and long term effects of the services being provided;
- b) Alternative courses of action;
- c) Whether the child's legal status should be altered;
- d) The arrangements that should be made for when the child ceases to be looked after;
- e) The views of children and young people; and
- f) Any other matter that might be of relevance.

The Act also establishes that care plans should be reviewed at regular intervals, independent of whether children are looked after away from home or are subject to a HSR (s 31, 1995 Act). For children who are subject to a HSR the first review should take place within three months of the supervision requirement commencing. Thereafter it should take place at no more than six-month intervals. This should assist local authorities to measure the efficiency of the measures in place in achieving the aims and objectives of the care plan.

The 1996 Regulations (13, 1 (a-b)) establishes that, before placing a child or young person on a SR, local authorities should arrange for he or she to be examined by a doctor in order to obtain a health assessment. In the case that the child or young person has been seen by a doctor within the last three months, the local authority is not required to conduct a health assessment (13, 1996 Regulations).

It is worth reminding the reader that in their study of HSRs Murray et al.,(2002b) found that key statutory requirements were not being met. They (Murray et al., 2002b) suggest that "children on home supervision may not be considered to be in all respects 'looked after children'" as their needs are not perceived to be as acute as those of children and young people 'looked after' away from home. Evidence from the case files I have consulted seem to point to a similar situation. As I shall be

further discussing in Chapter 6 the young people who took part in the study did not have a 'formal' care plan whilst subject to a HSR; the frequency within which reviews were carried out was not always clear and seemed to vary considerably from case to case and from social worker to social worker.

More instructions to local authorities on how to carry out their statutory obligations towards looked after children and young people are set by Guidance from Scottish Ministers (McRae, 2006). Local Authorities do not have to follow guidance, but if they deviate from it they might be asked to explain their position. Whether the failure to follow guidance is a matter for concern or not is decided by the courts.

2.8 Research evidence

During the following section I will summarise some of the key research findings with regards to 'looked after' children, paying particular attention to research that has included children who are subject to a HSR. I will start with a summary of the national statistics on 'looked after' children. This will be followed by a consideration of key research findings about 'looked after' children before moving on to consider studies that have included or have focused on children who are subject to a HSR in Scotland.

2.9 Scottish statistics on looked after children and young people

Each year the Scottish Government and SCRA produce reports on looked after children in Scotland. The *Looked After Statistics* is compiled by the Scottish Government from data collected by all Local Authorities in Scotland of the children and young people 'looked after' by them at the cutting out date. Until 2008/09 each of the 32 Local Authorities submitted a 'CLAS' return providing information on 'looked after' children at the aggregated level on the 31st of March of each year. It covered, amongst other things, the total number of 'looked after' children and young people at the cut-off date, their looked after status, and educational achievement of

care leavers. The aggregated data set provided only limited input. Perhaps one of its biggest shortcomings was that it did not allow for historical information on an individual child to be collected. Thus a large scale national longitudinal study following up children and young people's care careers, for example the one being carried out in Denmark since 1995, was not possible (see: Egelund and Hestbaek, 2007).

Aware of these shortcomings the Scottish Government commenced a project in 2007 in order to replace the aggregated level data collection with an individual one. Initially five local authorities were part of this project. In 2008/09 the individual level collection replaced the aggregate return forms for all local authorities. The cut off date has also been changed to August in order to reflect the school year and facilitate the comparison of education and looked after children statistics. This is a major development as the individual level dataset will allow more scope for analysing data, including the creation of a longitudinal dataset which should provide rich ground for future research exploring children's and young people's trajectories through the care system.

The other publication on 'looked after' children in Scotland derives from the SCRA dataset. The SCRA dataset covers, amongst other things, age; gender; all referrals made to the Reporter and grounds of referral; current and previous types of SRs; start and end date of each SR and current living group (i.e. single parent household). Since 2009 SCRA has also been publishing in-depth information about individual local authority areas. This covers, amongst other things, total number of referrals by gender, age and type of referral.

SCRA collects information on each child who is referred to the Reporter. In 2001/02 a new centralised system for the collection and storage of data collected by SCRA, the Referral Administration Database (RAD system), was introduced. When the RAD system was rolled out each child was given a new reference number and

records from the previous system were not transferred into the new one. Thus, the RAD dataset only records referrals and SRs from 2001/2 onwards⁵.

2.10 Referrals to the Reporter

In 2008/09 47,178 children and young people were referred to the Reporter: 39,105 on care and protection grounds and 11,805 on offence grounds (SCRA, 2009)⁶. After reaching record levels in 2006/07 the number of referrals to the Reporter started dropping in 2008. In 2009 the number of referrals to the Reporter saw the lowest level of referrals since 2003/04 (SCRA, 2009). This decrease has been attributed to the reforms brought about by the *Getting it Right for Every Child* program and the Ministerial Task Group on Non-Offence Referrals (SCRA, 2008). This decrease occurred for both care and protection and offence grounds; with the biggest drop in the number of children referred on offence grounds. In the period 2006 – 2009 the number of children referred on offence grounds has decreased and it is now at its lowest level since 2002/03 (SCRA, 2008, 2009). Most common types of offence in 2008/09 were vandalism; breach of peace and assault (SCRA, 2009). Nearly half of all the children and young people referred on offence grounds commit only one alleged offence in 2008/09.

Most referrals to the Reporter are of young people aged 14 and 15 years old (SCRA, 2007a, 2008, 2009). This is for both for care and protection and offence grounds. The most common ground of referral between 2006 – 2009 was victim of a Schedule 1 offence, with domestic abuse being a common feature of this type of referral (SCRA, 2007a, 2008, 2009). Children of all ages are equally referred for being victims of a schedule 1 offence. The second most common ground of referral during this period was lack of parental care. Younger children are more likely to be referred for lack of parental care than older children (SCRA 2007, 2008, 2009). For young people aged 13-15 years old the most common grounds of referral are: ‘beyond control of any relevant person’ (grounds a); ‘bad associations or moral dangers’ (grounds b); ‘not

⁵ The first year in which RAD was fully operational was 2003.

⁶This includes children between 8 and 17 years as in Scotland the age of legal responsibility is eight years

attending school’ (grounds h) and ‘misused alcohol or drugs’ (grounds j) (SCRA, 2007; 2008 and 2009). Young people aged 15 years old are most likely to be referred on offence grounds (SCRA, 2007a).

Most referrals to the Reporter are made by the police and most children are referred only once a year, with a small minority being referred five or more times (SCRA, 2007a, 2008, 2009). Most children referred to the Reporter are living in single parent (mostly mother) households (SCRA 2007; 2008; 2009).

2.11 Supervision Requirements

Despite the decrease in the number of children being referred to the Reporter, the number of Hearings and subsequent SRs has increased year on year since 2001 (Scottish Government, 2010, SCRA, 2010b). In 2008/09 1.4% of all under 16s in Scotland were subject to SRs (Scottish Government, 2010). Between 2005-10 the number of children in Scotland subject to a SR has increased by 25% (SCRA, 2010a)

Table 1: Number of looked after children and young people year on year

Year	Number	Percentage (of total child population in Scotland)
2006/07	14,060	1.3%
2007/08	14,886	1.3%
2008/09	15,288	1.4%

From: Scottish Government (2007, 2008a, 2010)

There is an almost equal gender split amongst ‘looked after’ children in Scotland, with boys counting for just over half of the total population (Scottish Government, 2010). The ethnic origin of most (91%) ‘looked after children’ in Scotland is white (Scottish Government, 2010).

Most children and young people who are ‘looked after’ in Scotland are living at home with parent/relative (Scottish Government, 2008a, 2010).

Table 2: percentage of total number of looked after children in Scotland placed at home

Year	With parents/relevant person	With relatives/friends
2006/07	43%	15%
2007/08	43%	16%
2008/09	39%	20%

From: Scottish Government (2007, 2008a, 2010)

The largest group of ‘looked after’ children and young people in Scotland are 12-15 years old (Scottish Government, 2007, 2008a, 2010). In the period between 2008/09 38.8% of all children and young people subject to a HSR were 12-15 years old. It is for this reasons that I have decided to focus this study on this group of young people – I shall be further exploring this point in Chapter 4.

Taking into consideration only the most current SR most children and young people spend on average between one and three years looked after away from home (Scottish Government, 2007, 2008a, 2010). This falls to less than two years when considering solely children and young people subject to HSRs. A small percentage (between 5.5% in 2006 and 4.5% in 2009) is subject to a *continuous* HSR for five or more years. This does not take into consideration, however, children who have been on a continuous SR of different types.

In a recent analysis of their data SCRA found that 15.5% of children who are subject to SRs in Scotland have been subject to a continued SR of one type or another for at least 5 years (SCRA, 2010a). The significant difference between the Scottish Government figures and those of SCRA is that while the former only looked at cases where children and young people have remained subject to the same type of SRs, SCRA has looked at cases where the type of SR varies. SCRA found that most (58%) of the 2,150 children who are subject to SRs for five or more years are between 12 and 17 years old. This analysis also found that 52% of all children who were subject to a SR for five or more years had been subject to a HSR with parent(s)/relevant

person in the first instance. Five years later this number drops to 30% of all children who have been on a SR for five or more years. The analysis concludes that these findings raise questions about the consequences of having spent a significant part of their childhood subject to a SR might have for these children. This is significant here because, as I will be showing later, most of the young people who took part in this research had spent a significant part of their childhoods subject to a SR, often without a clear rationale for that being so.

Before moving on to the next section, there are a couple of statistics from the *Children Looked After Statistics* published by the Scottish Government which should be highlighted as they are of particular relevance here. Since 2003 figures looking at the educational achievement of care leavers beyond minimum school leaving age have indicate that young people subject to a HSR are less likely than young people 'looked after' away from home to have at least one qualification at SCQF level 3 or above (Scottish Government, 2010). They are also less likely than young people 'looked after' away from home to obtain qualifications both in English and Maths at SCQF level 3 or above (Scottish Government, 2010). This has lead to a renewed interest in children and young people subject to a HSR as no one quite knew what might be the reasons behind these results. As aforementioned this research was set up in response to concerns raised with regards to the poorer educational outcomes of young people who are subject to a HSR.

Care needs to be taken, however, when considering the extent to which these statistics on looked after children generally, and the educational outcomes of young people who are subject to a HSR more specifically, are representative. Firstly, as aforementioned, the *Children Looked After Statistics* published by the Scottish Government are based on information collected by the 32 Local Authorities and it is often the case that each year one or more Local Authorities might not submit all or some of the information requested (Connelly and Chackrabarti, 2007) Secondly, Local Authorities tend to have different data collection practices and there are some concerns about the accuracy of some of the information collected (Connelly and Chackrabarti, 2007, O'Sullivan and Westerman, 2007) According to Connelly and

Chakrabarti (2007) extra care should be taken with regards the educational outcomes of young people who are subject to a HSR since it is known that attainment data for looked after children is not recorded and that this is thought to be more often so in the case of those who are subject to a HSR. More importantly perhaps is that data on educational achievement only account for exam results for those young people who take their exams when they are 16 or 17 years of age. It does not take into consideration qualifications that young people might go on to gain later or to other areas of their lives where they might be enjoying great success.

2.12 Looked after children: research evidence

‘Looked after’ children are often perceived as a group who both have, and cause, problems (Social Work Inspection Agency, 2006). Consequently, ‘looked after’ children have been the subject of great policy and research interest both nationally (i.e. Scotland) and internationally. There is now a vast body of research on ‘looked after’ children exploring, amongst other things, the factors contributing to their admission into care; children’s outcomes once they cease to be ‘looked after’; and the effectiveness of social services interventions in addressing these problems. Most of this research tends to focus on the experiences of children who are ‘looked after’ away from home, particularly in kinship, foster and residential care; and tend to conclude that they experience multiple vulnerabilities and chronic problems. Research suggests that ‘looked after’ children and young people are likely to come from disadvantaged backgrounds, to live in single parents’ households; in poor housing conditions where adults are unemployed and/or in receipt of benefits (Aldgate and McIntosh, 2006a, Dingwall et al., 1983, Elsley et al., 2007, Happer et al., 2006, McGhee and Waterhouse, 2007, Mayer and Timms, 1970, Murray et al., 2002b, Packman et al., 1986, SCRA, 2006, Triseliotis et al., 1995, Sainsbury, 1975).

It would not be possible for me here to cover all these many different research strands. The next section will provide a short summary of key research findings on the factors contributing to children’s admission into care; children’s outcomes once

they cease to be 'looked after'; and the effectiveness of social services interventions in addressing these problems.

2.12.1 Characteristics of looked after children – identifying the problem

The association between disadvantaged socio-economic backgrounds, family circumstances and becoming 'looked after' has been known for many years (Packman et al., 1986, SCRA, 2004, Triseliotis et al., 1995). Children considered for care come disproportionately from disadvantaged socio-economic backgrounds leading to the popular perception that it is the children of families who are in low incomes who have problems or are problems (Packman et al., 1986, SCRA, 2006). However, only a small minority of children in Scotland (around 1% each year) end up being 'looked after' by local authorities. Many children living in adverse circumstances will never come into contact with social services. Thus, adverse socio-economic conditions alone cannot be the reason why some children end up in care.

There is some evidence to suggest that decisions to admit children into care are based upon value judgments made about parents' moral character (Dingwall et al., 1983, Packman et al., 1986, Parton et al., 1997). There are two large scale studies conducted in the early 1980s which are quite illuminating in this respect despite having been conducted almost 30 years ago.

The first was a large scale, ethnographic research conducted by Dingwall et al., (1983) in three local authorities in England. They used a multi-method approach which included observations of practitioners (i.e. doctors in emergency departments of hospitals, social workers and health visitors) in their working environment and during their interactions with families; interviews with health, welfare and legal professionals and documentary analysis of documents produced by the agencies in the three local authorities. The research went through a number of different stages spanning five years.

They considered how different professionals conceptualise mistreatment and the impact this had on their decisions about whether to take a child into care or not. The key question they aimed to answer was: why some cases attract coercive intervention and others do not. Dingwall et al. (1983) conclude that frontline staff use concepts of 'normal' family life to identify deviance (i.e. abuse and neglect) and normality. Dingwall et al. (1983) observe that social workers and health visitors, in their evaluation of 'normal' family life, will appraise the household environment in order to establish whether families are competent social actors or not. An appraisal of the physical household environment is considered evidence of the clients' moral character and where families make an effort to improve their households they are seen more positively by frontline workers. Ultimately, social workers interpret families' cooperation or lack of it as a sign of their moral character. Parents who cooperate are more likely to be seen in a positive light and explanations about the 'deviant' behaviour are sought somewhere other than the individual parent. This may indicate then that help for children and families in need is more forthcoming once professionals' knowledge is accepted and assimilated by families.

They refer to these 'common-sense' observations we make to understand the world around us as 'lay social theory'. 'Lay social theory' assists us in navigating the social world we are immersed in by providing somewhat fixed categories or labels with which individuals can be associated with. This way we not only know what to expect of individuals but how to respond to them. If this order is disturbed, however; that is, if the individual does not act according to the category or label assigned to her, then her actions are deviant and her competence as a fully functioning social actor will be questioned. This, according to Dingwall et al., (1983) refers to an old sociological observation – that a social problem cannot be divorced from the values of those who identify it. The process of identifying abuse and labelling abusers is socially determined. Likewise our understanding of what accounts as abuse or neglect is socially constructed.

In a similar vein the Packman et al., (1986) study looks at what influences social workers decision to place children into care or not in two local authorities in

England. These local authorities had similar social characteristics but differed in the number of children they admitted into care, and the routes through which these children entered care. They also adopted a multi method approach which included interviews with social workers and parents, documentary analysis of minutes, memoranda, policy documents and practice guidelines and observation of advisory meetings in the decision-making agencies.

They argue that one of the most significant factor influencing social workers decisions to admit children into care were their perceptions about the families at the pre-decision-making stage. When considering the issue which had lead to the child being considered for care, the authors found that parenting behaviour (that is, the style and quality of care) was often cited as the main ‘problem’, while the child’s own behaviour was the second most cited ‘problem’. Children’s behaviour was more often seen as a problem when it ‘spilled’ into the community attracting the attention or concern of people outside the family (Packman et al., 1986) They noted, with some surprise, that other factors, such as financial and material difficulties and accommodation problems, were less prominent in the formulation of the problem.

Thus, decisions on whether a child needs to be admitted into care or not are guided by value judgements about parents’ and children’s behaviour and its impact on children’s development. Such value judgements are based upon and reproduced by popular discourses about ‘good enough parenting’, ‘ideal childhood’ and ‘the evil’ versus ‘the angel’ child. However, as Katz et al. (2007: 27) note, assumptions about what constitute ‘good enough parenting’ are often “those of white, middle-class families and do not necessarily apply to parents living in more challenging circumstances, or whose cultural norms differ from this group”. Arguably, this will have an impact on the identification of children in need of statutory care so that the number of children admitted will increase or decrease according to what actions might be considered to be normal or deviant behaviour. What this might indicate is that the needs of children have not changed, what has changed is the public’s and professionals’ perception of how to deal with these needs.

Social workers face difficult decisions when considering whether to place a child in care or not. They have to consider a number of complex and intertwined issues and the information available to them to make these decisions might be incomplete and/or incorrect (Cheetham et al., 1992, Dingwall et al., 1983, Packman et al., 1986, Happer et al., 2006). There is also the possibility that the decisions they take in the 'best interest of the child' might not be perceived to be the best decision by children. For example, some of the participants in the Happer et al (2006) study felt that social workers were too reluctant to take children away from home and that this had had a negative impact on them. Others however felt that more support should have been provided to their families so that they could have remained at home.

"The mixed views on this topic, and the strength of feeling it generated, reflects the complexity of the decisions which social workers and others working with very complicated situations, must balance every day."(Happer et al., 2006: 50)

2.13 Outcomes for looked after children

Research has consistently shown that 'looked after' children have, in general, poorer outcomes than their peers who have not been in care (for a comprehensive review see Elsley et al., 2007).

2.13.1 Educational outcomes

Over the past 20 years the educational achievements of 'looked after' children have been the focus of great academic and policy interest. One of the shortcomings identified above with regards the statistics on the educational outcomes of young people who are subject to a HSR is that the data only looks at their exam results when they are still in school, thus not taking into consideration other areas in their lives where they might be enjoying success, or educational achievements which might be reached after they have left school. One way in which to account for this shortcoming would be, for example by conducting a longitudinal study where young people might be followed over a period of time after leaving care. There has been no longitudinal study of the educational outcomes of 'looked after' children with a

Scottish focus but studies of this nature in England and other countries provide some interesting insights.

Cheung and Heath (1994, for a comprehensive review see Elsley et al., 2007) used data from the *National Children Development Study* (NCDS) to explore the relationship between experiences of care, educational qualifications and subsequent occupation. The NCDS is a longitudinal survey of children born between 3 and 9 of March 1958 and is designed to be representative of all children in Great Britain. Data has been collected at different stages of the children's lives to monitor the physical, educational and social development of participants. This particular study uses data from sweep 4 when participants were 23 years old, so that they could ascertain whether participants had had any experience of care in childhood or youth, and also from sweep 5 when participants were 33 years old, in order to determine whether there had been any changes in participants employment status during the years that passed.

When considering educational attainments of participants Cheung and Heath found that, in general, the people who had been in care had much lower educational qualifications than those who had never been in care. Moreover, while 43% of those who had been in care had no qualifications, that was the case for only 16% of those who had never been in care. They also found that those who have been in care were at higher risk of being unemployed and that, when they did find employment, it was likely to be in lower-level jobs. This did not apply equally to all people who had experienced care with those who had been in care for short periods of time before the age of one performing close to the national average while those who had experienced long periods of care were likely to have the lower educational achievements.

There are a number of things to note with regards this data however. As the authors observe, the statistical analysis they conducted simply shows described patterns of association – it does not tell us anything about the causal mechanisms. Not only that but it also does not tell us anything about participants characteristics, such as their socio-economic background. Therefore it is not possible to know whether

participants who share characteristics other than being in care had similar educational outcomes and employment opportunities later on in life. Another two studies using the same data set (Essen and Wedge, 1982, Hobcraft, 1998) suggest that it is experiences of childhood disadvantage that lead to poorer outcomes later on in life.

In a more recent longitudinal study O'Sullivan and Westerman (2007) examined the educational achievements of three cohorts of 'looked after children' from two local authorities in England. The aim was to identify the educational barriers to educational achievements for looked after children. The educational achievements of 187 looked after children were tracked back from their GCSE/GNVQ results through Key Stages 3, 2, and 1. This methodology "enabled the researchers to study the same children throughout their educational career, regardless of when they entered the care system." (O'Sullivan and Westerman, 2007: 15) There were however a number of problems with the collection of data. One area of particular significance, to my later discussion, is that the authors found that historical information on the educational careers of these children was often missing and when it did exist it was often presented ambiguously. As I shall be further explaining in Chapter 4 I have also found that information is often 'missing' from young people's case files.

Despite these shortcomings, in their initial analysis of the data, the authors have concluded that lack of stability in placements had a negative impact on educational achievements. Children who had moved 10 times during the time they were in care were less like to sit their GCSEs with only 6% of the children in this group achieving any GCSEs passes at grade A* - C and none achieving five passes at grade A* - C. The authors suggest that this is because moving is, in itself, a stressful experience, but likely to be more so for children who have been through other traumatic experiences. Moreover, changes in placement may also mean changes of school, which might have a negative impact on the child's educational career – particularly if these moves take place at crucial times of their career, i.e.; as when they are preparing for their GCSEs.

Despite some arguing that stability of placements, as well as of people, is one of the most influential factors contributing to positive outcomes (Happer et al., 2006, O'Sullivan and Westerman, 2007) others have questioned the importance of stability in the outcomes of 'looked after' children. For example, Colton and Health (1994a: 326-7) argue that

“the findings of low attainment among children in care cannot be explained away by the special difficulties of children in residential care or by frequent placements breakdowns – it applies to children in long-term foster care as well.”

Their study examined the educational outcomes for two groups of 'looked after' children: one consisting of 49 foster children, aged between 8 and 14 who were attending ordinary school in one English county; and a comparison group of 58 children of similar ages and attending similar schools who were receiving social work support while still living at home with their parents. Their findings show that there were no differences in attainment between the two groups of children. This was despite the fact the children in foster care were a particularly favoured group of 'looked after' children as most had been in long term stable placements in an environment supportive of educational progress. They concluded that more needs to be done in order to compensate for earlier experiences of deprivation and/or rejection.

In another longitudinal study of young people leaving care in New South Wales, Australia, Cashmore, Paxman and their colleagues (Cashmore and Paxman, 2006, Cashmore et al., 2007) followed forty seven care leavers aged between 16-18 years for a period of four to five years. In the first stage of the study, interviews were conducted with young people just before they left care, then three and twelve months later. A comparison of youngsters about the same age as the care leavers who had not received welfare assistance were also interviewed and the researchers also looked at the case files of all young people leaving care within the one year period so that they could compare the groups that had been interviewed with the group which had not. The second stage of this longitudinal study was carried out 4-5 years after the young people had left care, when 41 of the initial 47 young people were interviewed.

Interviews included a mix of qualitative and quantitative questions, and it uses mainly quantitative analysis. Scales were created in order to measure 'felt' security, social and emotional support, continuity on leaving care and positive outcomes (Cashmore and Paxman, 2006).

Their findings confirm that care leavers were more likely to leave school early and with little or no qualifications. But they also found that after leaving care most young people (30 out of 41) had completed at least one course beyond school level and/or were engaged in further study. However, these tended to be short in scope and duration (Cashmore et al., 2007). It seems that many of these young people experience a number of barriers when trying to re-engage with education and most of these young people were unaware of the support available to them to continue studying.

2.13.2 Studies with a Scottish focus

As mentioned in the introduction, the preoccupation with the educational achievements of 'looked after' children in Scotland has led to a number of reports and initiatives since devolution. In 2001 the *Learning with Care* report highlighted a number of issues in the education of 'looked after' children and made nine recommendations for the improvement of their educational outcomes (HMIe and SWSI, 2001). This report was complemented by the *Learning with Care* materials offering guidance for carers, social workers and teachers on how to tackle some of the barriers to 'looked after' children's educational achievement (Social Work Inspection Agency, 2006)

In 2006 the Social Work Inspection Agency published a review of 'looked after' children in Scotland - *Extraordinary Lives* (Social Work Inspection Agency, 2006). It noted, amongst other things, that progress in achieving the target set by Scottish Ministers in 1999, that all care leavers should have attained standard grades in English and Maths, had been slow. In *Celebrating Success*, a support report for *Extraordinary Lives*, Happer et al., (2006) highlight the importance of being given

high expectations and receiving encouragement and support for 'looked after' children to succeed in education.

In 2007 the Scottish Executive's report *Looked after children and young people: we can and must do better* highlights the importance of the *corporate parenting* role identifying ways in which to improve inter-agency collaboration and ways in which to take this forward (Scottish Executive, 2007). This report contained 19 actions for improvement, some of which had appeared before in some shape or form (Connelly and Chackrabarti, 2007). The HMIe report *Count us In: Improving the Education of our Looked after Children* identifies areas where there have been positive developments in supporting 'looked after' children to achieve, and also identifies areas that needs to be improved (HMIe, 2008). The Scottish Government has also funded pilot projects in 18 local authorities aimed at improving the educational outcomes of looked after children (see Connelly et al., 2008 for a summary of the impact of the pilots).

Reading through the findings of these studies the general conclusion is therefore that looked after children are more likely than their peers who had not been in care to have lower educational achievement, to leave school with fewer qualifications, to experience unemployment. Moreover, as Connelly and Chackrabarti (2007) note in their review of some of the key reports and initiatives in Scotland since devolution, the evidence in them shows that there has been little or no improvement in the educational outcomes of 'looked after' children over the years.

There is however nothing inevitable about 'looked after' children performing less well in education (SWIA, 2006). Educational achievements should not be the sole measuring instrument of young people's outcomes and their involvement in other activities should also be taken into consideration (Aldgate and McIntosh, 2006b). In *Celebrating Success: what helps looked after children succeed* one of the key messages was that 'looked after' children and young people can and do succeed when provided with the right support, stability and encouragement (Happer et al., 2006). They used a broad definition of success which included individuals ability to

make and sustain relationships; and being engaged in work, education, training or meaningful activity (Happer et al., 2006).

2.13.3 Health outcomes

The physical and mental health of 'looked after' children has been a matter of increased concern as it has been recognised that these youngsters tend to have poorer physical and mental health than their peers (Scottish Office, 1997, Stein and Munro, 2008) Research has shown that 'looked after' children are more likely to experience physical and mental health problems as a consequence of a history of neglect of their health needs (Egelund and Hestbaek, 2007, Elsley et al., 2007, Hill and Watkins, 2003, Kidner, 2005, Scott and Hill, 2006, SWIA, 2006). The Scottish Government (2007) recognises that more needs to be done to address the health needs of 'looked after' children and that more attention should be given to health issues that might have been lingering for some time and have not been addressed.

In a review of the health of 'looked after' and accommodated children in Scotland Scott and Hill (2006) note that the current physical health of the majority of these children is good. This is despite the adverse circumstances this group of children have experienced and the discontinuities in placement and school. Moreover, "[the] general health of looked after and accommodated children seems to improve as placements become more secure" (Scott and Hill, 2006: 4). Stability of placements is therefore also an important factor in the health outcomes of 'looked after' children. The reasons why instability might contribute adversely to the health of 'looked after' children are many. First, moving schools may lead to some children missing out on routine medical check-ups that take place within the school environment. It may also contribute to 'looked after' children missing out health checks or having problems overlooked as they move from one surgery to another.

Despite this general positive conclusion Scott and Hill (2006) note that many young people have lifestyles that are threatening to their present or future wellbeing and that there is a high incidence of mental health problems amongst 'looked after' children. There is evidence to suggest that over half of the 'looked after' children aged 11 to

17 are smokers, that a high proportion drank alcohol once a week, that they are more likely to take drugs whilst in care and less likely to have had access to information on sexual health.

There are also a number of studies which indicate that the mental health of ‘looked after’ children tends to be poorer than that of their peers. This is often linked to their experiences of poor parenting, trauma, social exclusion and poverty amongst other things. Most research has focused on the mental health of children ‘looked after’ away from home. Scott and Hill (2006: 5) however suggest that

“...similar numbers of children placed with parents experience mental health difficulties as those in foster and residential care. However much less is known about the support and services offered to these equally vulnerable children and their families.”

In fact little is known about the health of children who are subject to a HSR generally.

One last point to be made here, which is relevant to this study’s findings, is that the authors found that the recording of information concerning the health of ‘looked after’ children is far from satisfactory. A number of the studies they consulted have found that there is a deficit of accurate and up-to-date information of children’s health needs. It seems that social workers do not see this as part of their practice. The research suggests that better, more accurate recording of health issues are required particularly when there is high staff turnover. Better more accurate recordings would provide a fuller picture of children’s health needs and thus contribute to better outcomes.

The conclusion often drawn from research on the outcomes of ‘looked after’ children is that they are likely to be the most disadvantaged and vulnerable – both in child- and adult-hood – and that the care system is failing these children. However, the information in which these arguments are based is incomplete, as it refers only to those children who did end up in care and compare the outcomes of ‘looked after’ children with that of the general population (Forrester, 2008, Packman et al., 1986).

Moreover, this research too often focuses on the negative outcomes of looked after children (Happer et al., 2006). It thus reproduces many of the negative views about this group of children and young people – that due to their experiences of abuse, neglect and rejection they are ‘damaged goods’. Such views may serve to justify little being done to support these children and young people in succeeding.

Recent efforts to move away from a deficit model are welcome, however, more needs to be done in order to question how the criteria for success, or good parenting, or appropriate support are defined. For example, in listing the factors which contributed to successful outcomes the SWIA (2006: 112, my emphasis) mentions that

“Important factors that appear to contribute to successful outcomes include stable placements that promote good relationships, a positive experience of school, support from adults to develop life skills and career plans, support in maintaining social friendships and relationships, careful preparation for independence and the same sort of ongoing social, emotional and financial *support that typical parents might provide for their own children*”

There is an explicit assumption that a typical, and consequently good, parent is the one who can provide ‘ongoing social, emotional and financial support’. Many parents are, however, unable to do so; or may be even disinclined to do so in the principle that children should become independent and self-reliant.

2.13.4 Outcomes – v - process

According to Cheetham et al (1992: 48)

“In the evaluation of social work effectiveness, the primary preoccupation is generally with the definition and measurement of the outcomes of intervention to determine whether or not a desired or intended effect has been produced or a particular outcome avoided.”

This is true of much of the research on child welfare interventions which are generally preoccupied with the measurements of outcomes. For example, research about ‘looked after’ young people is often concerned with evaluating their outcomes

once they leave care (Elsley et al., 2007, Stein, 2005). This body of research has consistently shown that care leavers are more likely than other young people to:

“...have poor educational outcomes and access to further and higher education; experience low paid employment or unemployment; have problems with health, particularly mental health, conduct disorders and misuse of alcohol and drugs; have difficulties with relationships with family and friends; be young parents; and feel affected by stigma and prejudice”. (Elsley et al., 2007: 1)

This has in turn lead to the popular belief that the care system is failing children as it does not lead to better outcomes for individual children (Forrester, 2008).

Linking the effectiveness of social services intervention with individuals' outcomes is however problematic. Forrester (2008) for example argues that it is a mistake to blame the care system for the poorer outcomes of care leavers as comparisons are often made between children in care and the general population; and between the outcomes of care leavers and the general population. It is his view that these comparisons are worthless in assessing the contribution of care to children's present situation as they fail to take into account the circumstances prior, during and after care. They take looked after children as a homogenous group, only distinguishable by their place of residency and thus fail to distinguish between the variety of experiences children and young people have of the care system.

Parker et al. (1991) argues that a focus on outcomes tends to limit what is known about the service user as only some outcomes will be considered to the detriment of others. The authors also argue that the task of choosing which variable to measure and which measuring tool to use will depend on the assumptions being held in relation to what counts as a positive or negative outcomes. In addition:

“...although actors may be asked what their objectives are, there is no empirical way of establishing that *stated* objectives are those which have *actually* been applied in any given example of social work. The status of social workers' objectives is in fact empirically variable.” (Cheetham et al., 1992: 14)

The difficulty therefore in identifying objectives is that social work interventions involve several actors with different perspectives and, consequently, different objectives – individuals’ perspectives, be that the service user, the service provider, the manager or the researcher, are subjective and circumstantial. Thus, the manner in which we choose to measure and/or interpret any one of these objectives will impact upon the whole process of evaluation.

Another difficulty arising from this focus on outcomes is that in social research it is impractical to disentangle one variable from another, making it difficult to identify the causal relationship between intervention and outcome (Cheetham et al., 1992, Parker et al., 1991). An alternative approach proposed by Cheetham et al. (1992) is to focus on the process of social services interventions. According to the authors an exploration of the process is necessary for an understanding of the potential impact of an intervention. The researcher must describe the nature of the intervention so that the reader can gain a better understanding of what is being measured.

2.14 Research on children who are subject to a HSR

There are few studies which include children who are subject to HSRs and only one which has focused solely on this group of looked after children. For example Freeman et al., (1996) included children who were subject to a HSR in their consultation with service users – although it is not clear how many exactly there actually were from their 150 participants. In *Time well spent: a study of well-being and children’s daily activities* a small number (six out of a total of 24 participants) of children who are subject to a HSR were also consulted (Aldgate and McIntosh, 2006b). As neither of these studies makes a distinction between children who are ‘looked after’ away from home or those who are subject to a HSR in their presentation of findings I shall not go into further details about them here.

Another study which included children who are subject to a HSR was that carried out by Triseliotis and his colleagues (1995) in the early 1990s. They explored the experiences of teenagers who were ‘looked after’ in five local authorities - three in

England and two in Scotland. They interviewed 116 young people aged 13-17, their social workers and parents. Interviews were carried out at the beginning and end of the most recent episode of intervention in order to find out, amongst other things, which type of intervention and services had been most successful. There were a number of interesting findings with regards to supervision at home⁷ and which are worthy of note here.

The authors encountered many difficulties in identifying the nature of supervision at home and its effectiveness as each young person had a unique care package which was tailored to their needs. Moreover, their 'looked after' status was not static and their care package may, or may not, change according to their placement. This, according to the authors, made the task of identifying the relationship between services and outcomes particularly difficult.

The views of young people, their parents and social workers about supervision at home were generally 'lukewarm' (Triseliotis et al, 1995). In the majority of cases all agreed that supervision at home had helped only a little. Interestingly however, despite a less than enthusiastic assessment of supervision at home, all three stakeholders thought that behavioural and educational problems had, to some extent, been improved. When asked about what made a difference, all three parties identified good relationships with social workers, combined with counselling and practical assistance.

“In particular gains were achieved with regards to anti-social behaviour when young people were helped initially to express a clear commitment to change and when social workers gave advice in a persistent but non-threatening manner about the likely negative consequences of continued 'trouble' with the law, parents or schools.” (Triseliotis et al., 1995: 166)

There is also some evidence here to suggest that the assumptions that the needs of children who are subject to a HSR are different from those who are 'looked after' away from home may not hold true. Young people who were living at home had high

⁷ I am using here the term supervision at home rather than HSR as this included teenagers in Scotland and England – thus not all in the group were subject to a HSR.

levels of ‘disturbance’ and lower levels of self-esteem than those living in alternative accommodation. Triseliotis et al (1995: 268) concluded that

“Whether a teenager stayed at home or not seemed to depend on factors other than degree of difficulty, such as the threshold of tolerance of parents or external agencies and the availability of other resources (like special schooling)”.

Although Triseliotis et al. (1995) made some interesting observations about the experiences of young people who remain at home whilst subject to a SR; in their analysis they did not make a distinction between those who were subject to voluntary or compulsory measures of supervision; or between those young people in Scotland (on HSRs) and England. Moreover, at the time of writing the 1995 Act had yet to be implemented in Scotland. Since then many changes have taken place with continuous efforts being made in order to improve the provision of services for looked after children and young people (Elsley et al., 2007, McRae, 2006).

Following the implementation of the 1995 Act a study was commissioned by the Scottish Executive “To examine the effectiveness of home supervision in *promoting beneficial changes* in the life of the child” (Murray et al., 2002b: 3, my emphasis). This was to be the first and only study to date which has focused exclusively and in-depth on HSRs. Murray and colleagues (2002b) used a multi method approach in order to elicit the views of Reporters, Panel Members, Senior Social Workers, Social Workers, Teachers and families concerning HSRs. Participants were asked for their views of HSRs and perceptions of success. They also conducted secondary analysis of data provided by SCRA referring to 5683 children and young people who were subject to a HSR at 30 June 1999; and examined the case files of 189 children and young people selected according to age, gender, geographical location and grounds of referral. Secondary data and information from case files provided a profile of children who are subject to HSRs in Scotland.

Their detailed analysis of the case files of 189 children who were subject to a HSR at 30 June 1999 shows that nearly half (46%) lived in single parent households, usually headed by a female parent or carer, and where most (69%) parents or carers were not

employed. Just under a third (33%) lived in large families (i.e. families with three or more children). A large majority (85%) lived in local authority housing. They concluded that families experienced multiple difficulties and that their disadvantage and poverty were striking.

“First, the lives of many families were characterised by domestic violence, drug and alcohol abuse and parental or sibling offending. Mental health problems – particularly depression among mothers – were also prominent and, while less frequent, equally striking were the number of suicide attempts by family members and the death of a parent at an early age for some of the children. Many families had experienced difficulties with housing, including poor living conditions, eviction and homelessness. Additionally many were beset by financial problems, so much so that when this was *not* the case it was commented on...” (Murray et al., 2002b: 39)

Of course, it would be impossible to ascertain with any degree of certainty how these difficulties compare in intensity and length with those of other groups of ‘looked after’ children. It appears however that the experiences and needs of children who end up being ‘looked after’ away from home and those who are subject to a HSR are very similar.

Murray et al., (2002b) also sent questionnaires to key informants (i.e. senior managers) with responsibility for child and family social work services at a policy level in all 31 local authorities in Scotland. They received responses from senior staff from the social work department in 30 out of 31 local authorities approached. Most senior staff (N = 25) thought HSRs were generally fairly effective.

“Home supervision is perceived by senior staff in social work departments to be more effective in respect of care and protection, less effective in respect of children who have offended and least effective of all in respect of children who fail to attend school regularly without reasonable excuse” (Murray et al., 2002b: 23).

Senior staff linked the success of HSRs in cases of care and protection with the existence of care plans and well developed interagency approaches. In their view, the reason why HSRs were least effective for children who fail to attend school were due to the late age at which these cases reached the social work departments (Murray et

al., 2002b). The lack of suitable alternatives to mainstream school was also mentioned by respondents.

They also send questionnaires to Reporters, panel chairs, social workers and teachers in connection with the 189 cases in which case files were consulted. The table below shows the rates of responses for these questionnaires.

Table 3: Response rates for postal questionnaires, Murray et al., (2002) study

189 postal questionnaires to Reporters, panel chairs, and social workers; and 137 to teachers (in remaining 52 cases children were of pre-school age)	<p>Response rates:</p> <p>Reporters – 68%</p> <p>Panel chairs – 52%</p> <p>Social workers – 47% (low response linked to number of cases where there was no social worker allocated)</p> <p>Teachers – 77%</p>
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From: Murray et al., (2002b)

Of particular notice here are the views of social workers concerning HSRs. When asked about what objectives had been achieved social workers identified several such as improved home circumstances, improved attendance at school and a decrease in offending behaviour. When asked about the contribution that the HSR had made to improvements, social workers had varied responses, some used quantified terms (none, minimal, some) while others suggested that the support had been invaluable. Social workers point out that without HSRs children and parents might not be able to access resources which contributed to improvements. Social workers also identified the “potential importance of home supervision in enhancing their capacity to monitor or control the safety and well being of children.” (Murray et al., 2002b: 90). They also acknowledged that without compulsory measures co-operation might not be forthcoming. In fact, lack of co-operation by child or parents or both was the most commonly cited reason for not achieving objectives.

When asked about what works well in home supervisions panel members, social workers and reporters said that regular contact between social worker, child and

family was of importance, as well as provision of coordinated multi-agency support. “Many respondents also identified the capacity of the social worker to engage the child and family and to build up a relationship of trust and cooperation with them.” (Murray et al., 2002b: 96). There was a general agreement between these stakeholders that the area requiring further improvements with regards HSRs is the amount of time social workers have to provide more intensive patterns of contact. Murray et al., (2002b: 95) suggest that this widespread agreement emphasises the fact that “while children have been judged to require compulsory measures of care in the form of a home supervision requirement, in practice the capacity of social work departments to provide help and support required is deeply compromised.”

When considering the families views the most common complaint was with regards to the infrequency of contact. Some families noted that there were periods where there appeared to be no social worker allocated to them. Families were also unhappy about frequent changes of social workers; although most families were satisfied with the social worker assigned to them during the period of home supervision.

Families identified two key areas in which social workers had helped them. The first related to those families in which a partner had been abusive and, subsequent to home supervision, had left. The second related to the provision, by social workers, of a range of resources and practical help. There were few beneficial changes noted with respect to offenders or non-school attendees.

Despite all of the problems in implementing HSRs, Murray et al., concluded that the outcomes for children subjected to this type of intervention were broadly positive, especially for children referred on care and protection grounds. However, HSRs were not as successful for children referred for non-attendance at school.

This is to date the most comprehensive study of HSRs. Its findings were very significant in determining some of the questions in this study – for example, I was curious to find out whether key statutory requirements were now being met or how frequently young people experienced changes of social workers. I will be fully

expanding on these points in Chapter 5. Unlike Murray et al., I did not have the resources available to conduct as a comprehensive study as they had. Moreover, while Murray et al., had collected the views of a number of different professionals, I wanted this study to have a stronger focus on ‘subjugated knowledge’ that is, knowledge which has, as Foucault (1994: 41) explains, “been disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity.” As I shall be further explaining in Chapter 4, my aim was to focus on the views and experiences of young people who were subject to a HSR and to take these as being as valid as that of other, adult stakeholders.

2.15 Conclusion

In the first part of this chapter I described the key legislation and policy relating to HSRs. Some might understand my choice to start with a consideration of official rules and statutes as evidence that these definitions are more important or relevant than those of the participants, but that is certainly not the case. The decision to present official definitions was simply pragmatic: it provides readers unfamiliar with the Scottish system a synopsis of the regulatory framework determining the nature and scope of HSRs. It is important to highlight here, however, that official rules and statutes do not provide unambiguous or unproblematic definitions of HSRs or social services work. The ways in which rules and statutes are put into practice depend upon individuals’ own understandings and interpretations of them; as well as on the availability of resources at any given time; and service users’ willingness to engage (or ability to refuse) services (Dingwall et al., 1983). There is therefore an inherent difference between official definitions of what should be happening and what happens in practice.

In the second part of this chapter I considered some key research findings with regards to ‘looked after’ children which has been of particular significance in the development of this research. In the next chapter I will consider the key theoretical ideas which have influenced my thinking and the development of this thesis.

Chapter 3: Theoretical Concepts Underpinning the Thesis

3.1 Introduction

As mentioned in the Introduction as the research developed I became increasingly preoccupied with the question of ‘what HSRs are for’. There were two particular sets of ideas which were significant in the development of my understanding of this question. The first relates to the theorisations of power/knowledge and subjectivation as developed by Foucault and many others influenced by him. The second set of ideas, which are in a way derived from the first, relate to the historical development of the concept of childhood since the emergence of new forms of power in the 18th Century. During this chapter I will be presenting some of the key points within these two strands.

During the first section of this chapter I will be sketching a brief history of the emergence of social work. I will start by considering developments taking place from the mid-18th century that saw the emergence of social sciences as systems of regulation based on scientific claims about the subject. Foucault’s theorisation on power/knowledge has important insights to offer as it provides the conceptual framework within which to understand the development of social work as a modern discipline. This will be followed by an examination of more recent historic changes that seem to have changed the focus of social work with children and families, as well as the role of social worker. These changes have been linked with the rise of neo-liberal discourse and the transition from modern to post-modern society (Parton, 1996, 1998) or ‘risk society’ (Ferguson, 1997). In the final part of this chapter I will turn my attention to discourses that are responsible for the (re)construction of childhood and subjectivation of the ‘child’. I will be considering some of the common understandings of childhood and how this relates to particular strategies of the government of childhood.

Before going any further it is important to note that the way in which the discussion is presented here relies on what are largely artificial divisions of historical time. These historical changes, from one system of social organisation to another, are not

abrupt nor total – elements of the old system persist within the new; while some groups (be that national, cultural, ethnic or religious) will embrace the new with more or less vigour than others – and even those who embrace the new might look into the old with longing for what it was and could have been. These divisions are being used simply in order to facilitate the discussion of what is a rather fluid, multi-directional and irregular process.

3.2 Emergence of social work

The emergence and development of social work has to be understood in a context of wider socio-political transformations taking place from the mid-18th Century onwards. An understanding of the transformation taking place from the mid-18th Century has a lot to gain from an examination of Foucault's work on power, knowledge and subject formation.

Foucault's work examine how from the mid-18th Century, multiple processes of different origins and importance gradually converge to produce new forms of social regulation characterised by notions of normalisation, control, management and surveillance. According to Foucault (1984) new forms of power emerge in this period introducing new techniques of social control which are more efficient and less wasteful than those previously used which were based on a mixture of forced tolerance and costly ostentation. These new techniques "allowed the effects of power to circulate in a manner at once continuous, uninterrupted, adapted, and 'individualized' throughout the entire social body." (Foucault, 1984: 61) Thus, new forms of power are more complex than old forms of power, and involve interactions at all levels of society.

The expansion of new forms of power went hand in hand with the expansion of disciplines that provided the knowledge that facilitate government, the means its exercise and those who were to be governed (Rose and Miller, 1992). As I shall be further arguing in this chapter social work is one of such disciplines which facilitate the task of government.

3.3 Governmentality

Foucault developed the concept of ‘governmentality’ in his later work as a way in which to better explain the relationship between power, knowledge and subject formation. The concept provides a link “between what he called the technologies of the self and technologies of domination, the constitution of the subject and the formation of the state.” (Lemke, 2000: 2) Foucault’s writing on governmentality thus sketches an alternative analysis of power and government. As Dreyfus and Rabinow (1982) have suggested this analysis illustrates how the rise of the modern individual and concept of society (as understood in social sciences) are joint developments; the effects of specific historical moments and forms of power. These developments are not ‘progressive’, ‘positive’ or ‘liberating’; they simply reflect changes in how power is exercised in order to subjectivity individuals.

3.3.1 Power

Human beings are made subject through power and Foucault looks at the political technology of the body in order to “read a common history of power relations and object relations” (Foucault, 1977: 24). Foucault’s interest in power relations came from a realization that the tools available to study power only provided the recourses to analyze power in terms of its legal and institutional characters. “It was therefore necessary to expand the dimensions of a definition of power if one wanted to use this definition in studying the objectivising of the subject.” (Foucault, 1982: 209) His interest in power is therefore not in power *per se* but on how power is established and maintained within specific historical, social and economic contexts.

He suggests that asking the “how” question requires an understanding of power as a relationship between individuals, of an action upon action. What characterises power is not the relations of violence that forces itself upon things

“...what defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead it acts upon their action: an action upon an action, on existing action of those which may arise in the present or the future.” (Foucault, 1982: 220)

Power relations are not univocal “they define innumerable points of confrontation, focus of instability, each of which has its own risks of conflict, of struggles, and of an at least temporary inversion of the power relations.” (Foucault, 1977: 27) Power as action presupposes the possibility of a struggle and a strategy of struggle. These are in a reciprocal relationship to each other (Foucault, 1982). So power can only come into operation where ‘the other’ (the one over whom power is exercised) is recognised and maintained as an agent, and where the possibility of reaction, resistance or collaboration is always present. One example that illustrates this well is the relationship between social workers and service users; more specifically, involuntary service users as in the case of the young people and parents in this study. This is a power relation because even where the intervention is compulsory, as in the case of HSRs, service users may devise strategies not to comply with the terms of the requirement, or they can choose to engage with social workers and comply with the terms of the requirement. Social workers will use a number of tactics to increase the chances of the latter and diminish the likelihood of the former; but service users will still have a choice to make. The effectiveness of power thus depends on compliance.

For Foucault “power is always a discursive *relation* rather than something which a person or group wields or bears.” (McHoul and Grace, 1993: 21, emphasis in the original) Power is everywhere; that is, it is rooted in and coexists with every social relation. Power is not, therefore, a commodity which some have and others don’t. Moreover, Foucault stresses that power cannot be understood as something which flows from those at the top of the social hierarchy to those at lower ranks. This is very significant to the argument I will be developing here firstly, because it challenges the idea of service-users as power-less and social workers as (always) power-full. Secondly because this understanding of power negates the possibility of individuals being empowered by others – power is not something which can be passed on to others, it is an action upon an action. Thus, instead of adopting a simplistic model of the relationship between social workers as power-full and service users as power-less I will be considering how these actors exercise power and to what effects.

Power is not the absence of freedom. To understand the effects of power as simply repressive is to hold a narrow understanding of power (Foucault, 1984). “If power were never anything but repressive, if it never did anything but to say no, do you really think that one would be brought to obey it?” (Foucault, 1984: 61) If we obey power it is because it is not only coercive but is also productive. Power produces knowledge. Power and knowledge implies one another and there is no power relation without its corresponding field of knowledge (Foucault, 1977). Power is everywhere and knowledge is never innocent of operations of power. Thus, as Healy (2000) argues even those social work practices which claim to be emancipator cannot be divorced from power and control in so far as it imposes specific truths upon others.

Knowledge also implies ‘truth’; but although mutually supporting they are not one of the same and their relationship is not static. Knowledge always makes claims to truth, even if this truth is fictitious, incomplete and ambiguous. Truth is not unitary – there are multiple truths, each particular to its own historical, social and political contexts. But this is not the same as to say that truth is always relative or that all statements can have an equal claim to truth. What interests Foucault then is *how* some statements came to be considered as truth, while others are rejected and ignored. For example, how have certain child-rearing practices gained credence in Post-War Britain (i.e. the increased attention on attachment, particularly the child’s attachment to the mother), while other have been losing ground (i.e. smacking)? If we take a Foucauldian approach to answer this question we would not simply consider the rise of psychology as a discipline of professionals making knowledge claims about child development; but would also look for wider social process that allowed this particular discourse to emerge, and the forces which tried to contest it thus shaping it and transforming it. Power knowledge relations should therefore not be understood in terms of the actions of the subject that produces a corpus of knowledge but as the processes and struggles that determines the forms and possible domains of knowledge (Foucault, 1977) I shall return to this point later on in this section when exploring Foucault’s ideas on discourse.

3.3.2 Government

As I have argued, power for Foucault is not concentrated in the hands of a few, but it is everywhere. If power comes to be seen in contemporary society as a function of the state that is because all other forms of power relations must refer to it.

“But this is not because they are derived from it; it is rather because power relations have come more and more under state control (...) power relations have been progressively governmentalized, that is to say, elaborated, rationalized, and centralized in the form of, or under the auspices of, state institutions.” (Foucault, 1982: 224)

Foucault’s theory of government did not conceive the state as the all powerful entity, which in the name of maintaining social order constrains the possibility of human potential. On the contrary, “theories of governmentality construct government and regulation in terms of historically contingent attempts to ‘make up’ particular (ideal) types of person.” (Kelly, 2000: 466) Government in this sense implies government of the self and government of others. Foucault thus uses the notion of government in order to highlight the common history of the rise of the sovereign modern state and the modern autonomous individual.

Foucault argues that Liberalism emerges in the 18th century not as a coherent theory of government, but as a solution to various problems of government. For example, Donzelot (1979) identifies two problems of government which Liberalism was confronted with. The first was the ‘problem of pauperism’ and the second was the problem with the apparent decline with respect to living conditions and mores. These problems were particularly difficult to solve because the state could no longer resort to the use of repression. This was primarily because the political rationality of liberalism sets limits to the power that political authorities can exercise. Government had then to devise new techniques in order to address these problems.

Donzelot argues that the answer then found was by means of philanthropy (or the social). Philanthropy is used here to mean the “deliberately depoliticizing strategy for establishing public services and facilities at a sensitive point midway between private initiative and the state.” (Donzelot, 1979: 55) Philanthropy thus offers a positive

solution to one of the key problems posed by liberalism – how could the state at once promote the family as the ‘natural’ sphere of child rearing and thus an autonomous entity, while at the same time guarantee that the rights of individual family members, especially its most weak and dependent, were observed (Parton, 1998). Philanthropic organisations developed techniques that replaced the techniques of sovereign power in the government of populations.

There were initially two techniques by which philanthropic institutions worked the balance between the functions of the liberal state and the spread of techniques of welfare and administration of population. The first was the *assistance pole* or moralization.

“Moralization involves the use of financial and material assistance which was used as a leverage to encourage poor families to overcome their moral failure. It was used primarily for the deserving poor who could demonstrate that their problems arose for reasons beyond their control.” (Parton, 1998: 10)

For this new system to work properly it would have to be able to distinguish between ‘genuine poverty’ and ‘artificial indigence’ so that assistance could be provided to those who truly needed help (Donzelot, 1979). This was to be carried out through a thorough investigation of the lives of those requesting assistance (i.e. the poor). As well as requiring a system for the identification of need, the assistance to be provided had also to serve a purpose – the rehabilitation of the family.

“This was why, in every request for aid, one had to locate and bring to light the moral fault that more or less directly determined it: that portion of neglectfulness, laziness, and dissolution that every instance of misery contained. In this new policy, *morality was systematically linked to the economic factor*, involving a continuous surveillance of the family, a full penetration into the details of family life.” (Donzelot, 1979: 69)

As Donzelot observes, and as I shall be further demonstrating later, this is not very different from contemporary social work practice.

The second pole was the *medical-hygienist power* or normalisation. After the French Revolution there were concerns about the (dis)organisation of working class people

and the impact this had on their ‘moral fibre’. The fear was that this mass of (dis)organised adults and children were a threat to social order. Philanthropists viewed (dis)organisation as particularly dangerous to children who were left to their own devices at a time when they are in most need of supervision – to be protected against the adult world in order to preserve their innocence. Normalisation refers therefore to the attempts to inculcate specific norms of behaviour in the population through education, legislation or health (Parton, 1998: 10). These were particularly targeted at children.

At the end of the 19th Century a third technique of the philanthropic organisations emerges “which made the first two converge on the question of childhood by combining what might threaten the latter (children in danger) and what might make them threatening (dangerous children) into the same target.” (Donzelot, 1979: 82) The main problem was that of the sovereignty of the family that prevented charitable organisations to intervene in the family as much as they would like. Legislation was passed in France in the end of the 19th Century in order to “organize a gradual transfer of sovereignty from the ‘morally deficient’ family to the body of philanthropic notables, magistrates, and children’s doctors.” (Donzelot, 1979: 83); with similar legislation being passed in Britain around the same time (Rose, 1990). That’s when a system for the referral and surveillance of the family was set up.

“Leaning on one another for support, the state norm and philanthropic moralization obliged the family to retain and supervise its children if it did not wish to become an object of surveillance and disciplinary measures in its own right.” (Donzelot, 1979: 85)

This marks a transition from “a government of families to a government through the family.” (Donzelot, 1979: 92) The family became the object of a direct management

“Basing itself on the defence of the interests of the weakest family members (women and children), tutelage made possible a saving and corrective intervention by the state, but at the cost of a near total dispossession of private rights.” (Donzelot, 1979: 92)

At the same time that the autonomy of the family was compromised those families that had the capacity for self-management could preserve and augment their autonomy.

What Donzelot is thus describing is the types of disciplinary techniques that emerged in the 18th Century and facilitated the government of individuals and populations. The techniques he describes are particularly relevant here since it is in these philanthropic organisations that social work has its origins (Parton, 1998). Social work thus emerged as a solution to a key problem of the liberal state: how can the state at once guarantee the protection and development of its weakest members (children) at the same time as advocating for the rights and autonomy of individuals and the family (Parton, 1996). Social work occupied, from its inception, an ambiguous place between the respectable and dangerous classes; between those with access to political rights and those who were excluded; between the mainstream and the excluded (Parton, 1996). Its ultimate aim is to provide the excluded with the means to gain membership in 'normal' mainstream society. It does so by instilling in the 'dangerous' classes the values and norms of behaviour of the respectable classes. This is done through the disciplinary techniques of moralisation, normalisation and tutelage. Social work is therefore a discipline that facilitates government at a distance (Parton, 1996, 1998)

3.4 Discipline

Discipline is understood as new forms of power that seek to produce the docile subject through processes of training, correction, normalisation and surveillance. Their role is to 'normalise' the individual and to construct new forms of knowledge that facilitate the government of life processes (McHoul and Grace, 1993).

Discipline and Punish (DP) is Foucault's key work when considering the emergence of disciplines and disciplinary power. In DP Foucault (1977) presents a genealogy of punishment in order to show how power relations and subject formation are mutually produced and historically linked. In DP Foucault describes how systems of

punishment changed from one which was enacted on the body of the criminal to one which was enacted on the 'soul' (soul meaning the subject, thus meaning that punishment is concerned with the subjectivation of individuals). Crimes were now to be identified through a process of assessing, diagnosing, predicting and making judgments about the individual with the ultimate aim to rehabilitate the individual into 'mainstream' society (Foucault, 1977). Consequently how the crime of an individual is assessed is no longer simply based on the criminal action but also requires a consideration of his or her characteristics so that the right treatment can be prescribed (Foucault, 1977). Thus, the objective of punishment was no longer to punish the offence "but to supervise the individual, to neutralise his dangerous state of mind, to alter his criminal tendencies ..." (Foucault, 1977: 18). In this process punishment shifted away from the public spectacle and now seeks to cure and re-programme the individual.

The invention of the Panopticon is for Foucault quite significant. The Panopticon was a tower constructed at the centre of a prison and was surrounded by single occupancy cells. It thus allowed for continued observation of the inmates with the minimum resources required. The Panopticon is the exemplary disciplinary technique – it relied on the surveillance of individuals and it hoped to produce docile bodies without having to rely on physical force or violence. The ultimate aim was therefore for the subject of surveillance to discipline him or herself (McHoul and Grace, 1993).

The prison is only one of many examples of this new technology of discipline. Foucault is not so much concerned in describing the prison, the school or the hospital, but in examining the disciplinary techniques common to all of these institutions. Disciplines operate primarily on the body. Foucault (1977) notes that the body has been the site of power relations throughout history. What is different from the mid-18th Century is the form which this control over the body takes. The body is taken as an object to be analysed and classified. The aim is to forge a docile body "that may be subjected, used, transformed and improved" (Foucault, 1977: 136)

The way in which disciplines control bodies is not through the direct exercise of force, but through the control and distribution of space and time. This facilitates the supervision and control of individuals; at the same time as increasing efficiency and production. Power is therefore articulated directly onto time and space. Foucault argues that the disciplines use rather simple technical procedures that distributed individuals in space and organised time in order to create the docile subject (Foucault, 1977). Firstly, this is done by dividing the body into units that are taken separately and subjected to a precise and calculated training. The aim is to maximise efficiency of the parts and the whole. Secondly, the signs and representations of this new disciplining power are made invisible –control was no longer to be exercised directly on the body but the object of control would be its organisation, efficiency and production. Thirdly, while power was previously exercised discontinuously, for micropower to work it has to be exercised as continuously as possible. Control was no longer to be exercised as a single event of public display of the sovereign power but it would be consistent and uninterrupted.

Disciplines do not replace old forms of power, instead, they colonize and expand them “making it possible to bring the effects of power to the most minute and distant elements.” (Foucault, 1977: 216) This technology is diffuse and uses a disparate set of techniques and methods. Relations of power thus extend beyond the limit of the State first because the State, despite the omnipotence of its apparatus, is unable to occupy all the fields of power relations; and second because the State can only operate on the basis of other power relations (Foucault, 1984). The idea of the State as a monolithic institution that holds all power and dominates us all is therefore misleading.

“To the extent that the modern state ‘rules’, it does so on the basis of an elaborate network of relations formed amongst the complex of institutions, organisations and apparatuses that make it up, and between state and non-state institutions.” (Rose and Miller, 1992: 176)

The State is dependent on a whole network of power relations which impinge on the body, the family, on knowledge and so on – that is, State power is dependent on the disciplines, in the same way in which disciplines are dependent on the apparatus of

the State. These techniques of government are not the sole province of the State but are exercised by various experts, such as social workers, teachers, psychologists, that through their knowledge claims regulate the behaviour and dispositions of populations that come under the remit of their expertise (Rose and Miller, 1992). Thus, liberal government, and its defence of limited authoritarian power, is made possible through the activities and calculations of disciplinary power.

The disciplinary techniques of confinement of individuals in institutions (schools, hospitals, prisons), and the organisation of time (i.e. timetables) and space (work desks, wards, cells) rendered the individual object of the ‘individualizing gaze’. Drawing on Foucault, Rose notes how until the 19th Century only a few, noble men and women would have their lives fully documented and accounted for. With the rise of disciplinary power

“the individualizing gaze alighted upon those at the other end of power relations – the criminal, the madman, the pauper, the defective were to be target of many laborious and indigenous projects to document their uniqueness, to record it and classify it, to discipline their difference.” (Rose, 1990: 132)

Thus, these new techniques made areas of life which were previously hidden, known and manageable.

Children were to become the favourite objects of this ‘individualizing gaze’ and experts such as psychologists, doctors or social workers were to claim particular expertise in the disciplining of children (Donzelot, 1979, Rose, 1990). With the advent of compulsory, universal education children could be more easily observed in action, and their actions could be documented, measured, analysed, and evaluated against the regulations imposed by the space. Regulations imposed within this space acted as norms and allowed for individuals to be categorised in terms of their level of conformity and deviation, aptitude and inaptitude; and to be ranked accordingly.

For this system to work it had to be further refined – control had to be transferred from the confinement of the school class room to the individual. This was achieved through the ‘normalizing judgement’, a form of ‘micro penalty’ which was integrated

to areas of life which were too trivial or local to be included in the judicial system (Dreyfus and Rabinow, 1982).

“The workshop, the school, the army were subjected to a whole micro-penalty of time (lateness, absences, interruptions of tasks), of activity (inattention, negligence, lack of zeal), of behaviour (impoliteness, disobedience), of speech (idle character, insolence), of the body (incorrect attitudes, irregular gestures, lack of cleanliness), of sexuality (impurity, indecency). At the same time, by way of punishment, a whole series of subtle procedures was used, from light physical punishment to minor deprivations and petty humiliations. It was a question both of making the slightest departures from correct behaviour subject to punishment, and of giving punitive function to the apparently indifferent elements of the disciplinary apparatus (...)” (Foucault, 1977: 178)

With more and more areas of everyday life coming under scrutiny of disciplinary power almost anything could be potentially punishable. Thus, to avoid punishment, individuals internalise these rules.

Smith (2012: 25) argues that “[c]entral to disciplinary power is the idea of the norm, a common standard which operates to individualize the masses through differentiating the ‘normal’ from the ‘abnormal’.” These norms are largely derived from biopolitical norms, that is, information about the population that identify and produce the markers of ‘common’ and ‘normal’ behaviour, thus facilitating government at a distance (Smith, 2012, Parton, 1998). These techniques of power are sustained by the knowledge they produce.

“Normalizing mechanisms require knowledge of the whole person in his or her social context, and depend on medico-social expertise and judgments for their operation. They depend on direct supervision and surveillance, and they emphasize the need to effect change in character, attitudes and behaviour in an individualized way.” (Parton, 1998: 9)

Regulation and normalisation is increasingly achieved through the sanctioning of knowledge claims and practices of the new human sciences.

The development and expansion of the human sciences occurs concomitantly to the development, refinement and expansion of disciplinary techniques carrying out the task of observing, documenting and analysing everyday life down to its minute

details which was necessary for the growth of disciplinary power. One of the key themes in Foucault's history of the present was a critique of the way in which modern societies regulate and discipline their populations by sanctioning the knowledge claims and practices of the new human sciences (Parton, 1998). For Foucault it is no coincidence that the human sciences are referred to as 'disciplines'. The human sciences emerged and developed within the context of particular institutions of power (i.e. hospital, prison, the poor house) and their need for new, more refined discourses and practices. These human-sciences disciplines developed their own rules and procedures, but this was all done within the context of disciplinary technologies.

The professional gaze objectifies the subject. The subject is transformed into two dimensional inscriptions which can be more easily accumulated, analysed, measured and displayed.

"The phenomenal world was rendered thinkable by charting its coincidences and deviations from values and properties deemed normal. In this act of scientific perception, the statements of a scientific discourse are not separable from the object of discourse. The forms of knowledge have, in a crucial sense, merged with the object itself." (Rose, 1990: 146)

The human sciences made possible the government not only of populations but provided the language and tools for the government of the human psyche. Rose (1990: 7) argues that human sciences had a particular role to play in this:

"The conceptual systems devised within the 'human' sciences, the languages of analysis and explanation that they invented, the ways of speaking about human conduct that they constituted, have provided the means whereby human subjectivity and intersubjectivity could enter the calculations of the authorities."

In this task the examination is key. "The examination combined the exercise of surveillance, the application of normalizing judgment and the technique of material inscription to produce calculable traces of individuality." (Rose, 1990: 7) The examination turns subjectivity into thought as a calculable force. The examination makes the individuality of subjects visible by documenting it. This documentation is

kept in a dossier so that when required elements of the individual's life can be compared, evaluated and judged. The dossier, the written compilation of all observations about the individual, becomes an essential component of the growth of power. The dossier contains information on individuals' lives that make possible the assessment of their capacities. They make individuals 'knowable' so that they can be compared with and evaluated in relation to each other. What is to be judged now is not what one does but what one is. These judgments are psychological and are reserved to the experts. "They are not made in terms of a rule and its transgression, but in terms of a norm and an assessment of normality." (Rose, 1990: 140) Individuals are then classified according to their place within the normal curve of behaviour, and placed accordingly within the social and institutional fields. This information can be combined with that of other individuals so that inferences can be made about the population that facilitates government.

Rose argues that what we take to be intrinsic to the self, our thoughts, feelings and actions are intensely governed. This has always been the case – in the past religious and moral injunctions had played a key role in the production of subjects. In contemporary societies the management of the self is, however, distinctive from previous forms of government in at least three respects. First, the subject "has entered directly into political discourse and the practice of government." (Rose, 1990:2) Government has developed strategies to act directly upon the mental capacities and propensities of individuals in order to mould the subject. "The most obvious manifestation has been the complex apparatus targeted upon the child: the child welfare system, the school, the juvenile justice system and the education and surveillance of parents." (Rose, 1990:2)

Second, government is no longer concentrated in the hands of a few but it is scattered amongst a wide range of modern organisations which have as their central task the management of subjectivity (Rose, 1990). These organisations facilitate government by filling in the gap "between the 'private' lives of citizens and the 'public' concerns of rulers." (Rose, 1990: 2) This space is what Donzelot (1979) has identified as the 'social'. These organisations, be that the hospital, the school or the prison, are

preoccupied with a particular type of subject. They all have devised their own techniques to manage the organisation of life but they are all in pursuit of the same objective – to produce the docile body through process of rationalisation, organisation and identification.

Third,

“...we have witnessed the birth of a new form of expertise, an expertise of subjectivity. A whole family of new professional groups has propagated itself, each asserting its virtuosity in respect of the self, in classifying and measuring the psyche, in predicting its vicissitudes, in diagnosing the causes of its troubles and prescribing remedies.” (Rose, 1990: 2)

These new professional groups, from psychologists to social workers, counsellors or therapist, all claim to have a particular knowledge about the self which can be utilised to the solving of problems and the betterment of the individual and, consequently, society. These new ways of thinking and acting have a direct impact on how we perceive ourselves and others and on how we relate to each other.

In establishing these as the ways of being, as the essence of individuals, disciplines make individuals the objects of control. As Taylor puts it:

“Our acceptance that we have such a nature makes us an object of such control. For now we have to find it and set our lives to rights by it. And finding it requires the help of experts, requires that we put ourselves in their care, be they the priests of the old or the psychoanalysts or social workers of today” (Taylor, 1984: 160-1)

The creation of the ideal, individual self is therefore vital for the operation of modern government. Modern government operates through the creation of identities which individuals identify with be for virtue of their gender, age, nationality, ethnicity and so on. Identification with any number of identities “requires that individuals submit to power (such as the power of the school, the prison, the social services, the gym, the consciousness raising group or even the beauty clinic) in order to obtain a coherent self.” (Healy, 2000: 53) The notion of individuality is therefore a product rather than the precursor of new forms of control.

Liberal government is made possible therefore through these new techniques of government. Modern government is dependent on multiple and shifting alliances between the ‘political’ and the agencies that make the social intelligible and governable. These alliances are on the one hand between the political strategies and these social agents, and on the other hand between the social agents and individuals so that the aims and objectives of government are translated into the aims and objectives of free citizens (Rose and Miller, 1992). These social agents are not the result of political strategies, they emerge in response to problems of government that required identification, measurement, analysis and solutions.” (Rose and Miller, 1992: 184) These techniques do not impose programmes wholesale but rather use a variety of forces to make the decisions and actions of individuals, groups, organisations and populations to conform to the programme. These techniques therefore translate the objectives of government (be that of the State, the manager, or the teacher) into those of individuals, groups, populations and organisations; and vice-versa.

Moreover, government at a distance is only possible if people ‘choose’ to self-regulate through the fostering of the responsible individual. Citizens in liberal democracies are expected to regulate themselves. They are construed as agents – responsible for their choices and their consequences. I shall be arguing later in this chapter, the recent interest in children as active agents can be understood in the context of the rise of neo-liberal discourses and has implications not only for how we understand the child, but how we expect the child to behave – if they are perceived as agents they are also responsible for their choices and the consequences of these choices. Defining the child as either passive or agent is significant because how we define the child impacts upon our approaches and practices to them.

3.5 Discourse

Disciplines are responsible for the creation of specific types of knowledge that guide our understandings of what is normal or acceptable behaviour. This is what Foucault refers to as discourse. Foucault thought of discourse as bodies of knowledge that

makes truth claims on how things should be and how individuals ought to behave and act. Discourses thus shape experience and have a material existence (Foucault, 1977). This is not to say however, that experience is not 'real' but simply that how we understand and make sense of experience is conditional to discourses. This is not a denial of reality as many critics have argued but rather an acknowledgement that there are many realities and truths and that knowledge is intrinsically linked with power (see for example Faberman, 1992; Fawcett and Featherstone, 1996; Hubber, 1995).

Discourse is not simply referring to language or social interaction but to well defined areas of social knowledge (McHoul and Grace, 1993, Lemke, 1995). Discourse defines what can be said, written and thought and by whom in a specific socio-historical context. It is at the same time constraining and enabling the production of knowledge.

Healy (2000), drawing on Foucault, identifies four elements of discourse. Firstly, discourses are produced by, and reproduce specific rules and procedures, which establish which claims are accepted and which ones are marginalised. The coherence of discourses and their claims to represent the truth depend upon a suppression of difference. They are therefore homogenising. Secondly, discourse is interconnected to power. As previously discussed Foucault (1982) argued that the production of truths and the retention of power are intrinsically related. His concern is therefore not on whether particular claims are true or false but on "the process through which claims become possible and particular individuals come to be seen as capable of speaking the truth." (Healy, 2000: 40). What counts as truth is the effect of the techniques of discourse. Thirdly, discourses are 'continuous and contradictory' (Healy, 2000: 41). That is, in every context there are a number of distinct discourses which may overlap or compete with one another. Understandings of a situation will be shaped by a combination of discourses and meaning is therefore fluid and subjective. Fourthly, discourses are productive. That is, they produce a specific type of knowledge which in its turn produces subjects. Thus, it is the effects and products of discourses which are of interest to Foucault, rather than establishing whether a claim is true or not.

Discourses produce the subject. Individuals are ascribed to the identity of man, woman, adult, child. These identities are not innate and do not have a fixed meaning.

“One’s sense of self is produced through discourses, which establish specific subject positions such as male/female, worker/client, middle class/working class. In certain contexts particular identity categories will come to the fore, whilst others are marginalized, and, as usually there are a number of discourses operating in each context, a number of identities will be relevant to the constitution of self in those contexts.” (Healy, 2000: 46)

Discourses are political – they are the sites of contestation and negotiation over meaning. They are the function of power relations. They create the ideal self, the health self, the sexual self of the ‘individual’ self. They determine what we do, what we say and sense. They also establish relations between individuals and groups. Each group or community has a specific discourse which we use to deploy the meaning making resources of the group. Individuals’ access and use of these discourses vary according to the social and historical moment, but also according to their personal characteristic such as age, gender and social class. Discourse “simultaneously obscure and reinforce unequal relations of power” (Smith, 2012: 35) and thus are used to “legitimate, naturalize and disguise the inequities they sustain” (Lemke, 1995: 13). They are therefore a form of social control.

As Healy (2000) notes social work is constituted through discourses and it does not, and cannot, exist outside relationships of power. Social work is at the intersection of a variety of distinct discourses – medicine, psychology, psychoanalysis, sociology. It is at once dependent upon these discourses and distinct from them. The discourse adopted by social services enables them to exercise power in relation to marginalised populations *because* their claims are accepted as truth, while the claims of social services users are (often) marginalised. Social work is therefore *a* form of social control. Its discourse produces subjects through processes of normalisation, training, correction and surveillance. Normalisation is achieved through practices which differentiate between ‘normal’ and ‘abnormal’ behaviour. Practice cannot be divorced from power and control in so far as it imposes specific truths upon others.

Social control is an inevitable and irreducible characteristic of practice (Healy, 2000, Lemke, 1995). It is important to stress here however that social work is not the only or main form of social control, but one amongst many. Power/knowledge operates through all discourses, including those claiming to be emancipator. There are no techniques or practices which can empower the individual as critical social work claims (Healy, 2000). Power is not an object which can be given and taken to others; but action upon action. Power is everywhere and knowledge is never innocent of operations of power.

3.6 Welfarism

During the late 19th century and early 20th century philanthropic activities were largely absorbed by the state and it was then the role of social work to occupy the space between civil society and the state; and to provide a solution for the key question within liberal states (Ferguson, 1997, Parton, 1998). As Parton (1998: 12) observed:

“Social work provided an important, but ambiguous, strategy to enable ‘government at a distance’, or indirect methods of social regulation, to take place. This was important if the liberal ideal of maintaining autonomous free individuals who were at the same time governed was to be realized.”

Development of social work is a small, but significant element of the welfarist project. Welfarism promoted social responsibility and the mutuality of social risk based on notions of social solidarity (Bauman, 1997, Parton, 1998, Parton et al., 1997).

“Social solidarity was seen as a scientific and statistical method of encouraging passive solidarity amongst its recipients.(...) The overall rationale for welfarism was to make the liberal market society and the family more productive, stable and harmonious; and the role of government, while more complex and expansive, would be positive and beneficent.” (Parton, 1998: 12)

Welfarism was highly optimistic in its aim and objectives. Social services were instituted for benevolent purposes and their function was to ameliorate, integrate and redistribute (Parton et al., 1997). Parton (1996) notes that welfarism was

characterised by a number of assumptions. First was that universal social services were seen as the best way of maximising welfare and the institutional framework of the nation state was the best way in which to achieve this. Second was that social services were understood as benevolent and their function was to ameliorate, integrate and redistribute. Third, social progress was to be achieved through the agency of the state and professional intervention and this was perceived to be the best way to guarantee equity, fairness and efficiency. According to Ferguson (1997: 223) “[in] those social conditions it was typical of child protection professionals and agencies to make powerful scientific claims to knowledge, enlightenment and progress.” Expert and lay knowledge were strongly demarcated, with the former being elevated to the category of truth. Experts’ claims and authority remained largely uncontested during this period.

Creation of child care services in the post-war period and the institutionalisation of social work in the early 1970s can be seen as an example of the increased rationalisation of social intervention affiliated to the establishment of ‘welfarism’ (Otway, 1996, Parton, 1996, 1998, Parton et al., 1997). It reflected the optimism of the day which assumed that social problems could be solved through state intervention by professionals who possessed social scientific knowledge and technical skills (Otway, 1996, Parton, 1996, Parton et al., 1997). One important dimension of the development of social work with children and families at this time was that there was an assumption that the interests of the state (represented by the interests of the social worker) were similar, if not the same, to those of the people they were trying to help (Otway, 1996, Parton et al., 1997). Social work was supported therefore by a strong social mandate and was carried out largely uncontested (Otway, 1996, Parton et al., 1997). Ferguson (1997: 223) argues that this allowed experts to “fudge over knowledge about agency failures and any scepticism they had about the real limits to protecting children in time, while at the same time advancing the application of their results to the lay public in a hugely optimistic, authoritarian fashion.”

This is a typical modern project heavily reliant on rationalisation, the implementation of scientific knowledge to explain social phenomena. It employs a number of techniques of government such as the school system, child welfare practices, unemployment benefits and family benefits in order to “*socialise* the management of the dangers and risks associated with competitive and uncertain labour markets, and the ‘corporeal riskiness of a body subject to sickness and health’.” (Kelly, 2006: 19-20) Risks were then configured as the responsibility of the social-State. Social scientific knowledge was of particular importance in this task and was a major contributor to the development of welfare and mechanisms of social regulation.

This all changed however in the mid-1960s, just at the time when social work was to play a greater role within the welfare state with the creation of social work departments in the early 1970s. During this period a number of criticisms developed which questioned the key principles of welfarism and, consequently, social work with children and families (Otway, 1996, Parton, 1996, 1998, Parton et al., 1997). During this period a variety of concerns with regards the role and scope of social work with children and families start to emerge. Some of these “emanated from within social work itself and concerned the apparent poor and even deteriorating quality of child-care practice in the newly created social service departments.”(Parton et al., 1997: 26). Another concern was to develop from the growth of a ‘civil liberties’ critique “which concentrated upon the apparent extent and nature of intervention in people’s lives that was allowed, unchallenged, in the name of the welfare” (Parton et al., 1997: 27). The key concern of such critique was in protecting the inherent rights of parents over the natural sphere of the private family that should be free of the intervention of the state. There was also the growth of the women’s movement in the 1960s and the increased recognition of violence within the family which put into question the assumption of the family as a safe haven. The interests of the family could no longer be seen as representing the interests of individual members and this gave rise of the Children’s Rights Movement in the 1980s.

One particular aspect of these emerging critiques that received a lot of attention was the child abuse inquiries of the 1980. I will not go into details about these here as a

number of authors have provided a comprehensive analysis of these developments (see for example HILL, 1990, Otway, 1996, Parton et al., 1997, Parton, 1998) The point to note is that “child abuse inquiries have not primarily been about child abuse *per se* but about the focus, priorities and competences of social workers and, to a lesser extent, other health and welfare professionals.” (Parton et al., 1997: 29) Inquiries are therefore about the effectiveness of social policy and social work practice and represent an important arena where the relationship between the public and the private are fought out and reframed (Parton et al., 1997).

3.6.1 Rise of neo liberal discourse and postmodern critique

The restructuring of social welfare, and consequently social work, is linked with the rise of neo-liberal discourses in Britain (Bauman, 1997, Clark, 1996, Juhila, 2004, Parton, 1998, Rogowski, 2011, Scholte et al., 1999). Neo-liberal discourse promotes the idea of individual responsibility; sustaining that welfare is the responsibility of the family and community and that there should be minimal intervention of the state on family life. This is primarily because welfare provided by the state is seen as oppressive, inefficient and debilitating and it might lead to dependency on the state (Juhila, 2004, Rogowski, 2011, Clark, 1996).

What emerges in neo-liberal economies is the need to govern people in order to allow the market to function. The problem of government is no longer about how to provide for the anti-social effects of the market but how to prevent the anti-competitive effects of society (Gordon, 1991 in Kelly, 2006: 22). The focus is now on outputs and outcomes, increased competition and a drive towards privatisation of social services delivery and introduction of business management principles with targets and accountability. The promise is that the increased use of managerial ethos of efficiency, innovation and effectiveness will create a system more responsive to consumers (Bauman, 1997, Juhila, 2004, Rogowski, 2011, Scholte et al., 1999). These politics have then informed and consolidated by a range of new strategies of government – no longer were individuals to be governed by the ‘social’ but were now responsible for their own individual choices as consumers.

Neo-liberal discourse represents a return to liberal ideas. It is a form of government that promotes a “certain way of striving to reach social and political ends by acting in a calculated manner upon the forces, activities and relations of the individuals that constitute a population.” (Rose, 1990: 4-5) The political rationality of neo-liberal government introduced new technologies of the self whereby the individual is rendered responsible for her or his actions. “The strategy of rendering individual subjects ‘responsible’ (and also collectives, such as families, associations, etc) entails shifting the responsibility for social risks such as illness, unemployment, poverty, etc. and for life in society into the domain for which the individual is responsible and transforming it into a problem of ‘self-care’.” (Lemke, 2000: 12) In neo-liberal societies risks are reconfigured as the responsibility of individuals.

A key feature of this system of government is how users of social services are thought about. According to Bauman (1997) those who are dependent on social welfare are construed as the product of a criminal predisposition. Welfare benefits are now understood as the wages of sin which society cannot and should not afford, and have been transformed “from the exercise of citizen’s rights into the stigma of the impotent and the improvident.” (Bauman, 1997: 37) The provisions of the welfare state are no longer conceived as a moral obligation against the excesses of the capitalist system and responsibility for risks no longer pertains to the state but to individuals.

3.7 Risk

Risk can be variously defined as uncertainty, hazard, opportunity or stimulation. Risk is not, however, the same as hazard or danger. Risk, unlike danger, is connected with uncertainty about outcomes and presupposes the idea of calculability. “The idea of risk is bound up with the aspiration to control and particularly with the idea of controlling the future.” (Giddens, 1998: 27) Risk is therefore also linked with our desire to predict and control the future.

Risk is perceived as an objective and measurable condition, however, it is contingent and open to conflicting interpretations (Parton, 1998). There are different approaches to the conceptualisation of risk. Mary Douglas (1996), adopting a social constructionist approach, has argued that risks cannot be assessed into a hierarchical order from most to least risky because science is uncertain and scientists disagree. She argues that as decisions are taken in an environment of great uncertainty there is a sense that there are greater risks being taken. Our understandings of, and priorities concerning risks, will therefore be largely shaped by social and cultural factors.

Beck (1992) argues that risks have a social and political character, rather than a technical one; that is to say, risks are socially and politically created. The notion of risk can be either augmented or diminished according to preferences which are beyond individuals' controls. Conversely, what counts as safe is also socially and politically created. Risk is therefore a socially constructed concept that may be re-defined at particular times in order to satisfy different preferences.

3.7.1 The risk society thesis

Beck (1992) and Giddens (1998) have differentiated between risks in postmodern societies (or what they refer to as late modern societies) from risks in modern societies. In modern societies the world was perceived as rational, predictable and amenable to human control. The more we moved from a traditional view of the social world as fixed, inevitable and subject to fate towards a modern view of the social world as subject to human control and agency the greater has been the focus on personal choice and responsibility. "In the process, our contemporary conceptualizations of risk have predominantly assumed that the world can be subjected to prediction and control, and that rational systems of accountability should be constructed in case things go wrong." (Parton, 1998: 22) Scientific knowledge had a great role to play in identifying risks in modern society; however, in the 'risk society' their monopoly on determining what counts as being safe or not is being questioned leading to greater uncertainty about risks.

To say that we live in a 'risk society' does not mean, however, that the world has necessarily become a riskier place, but that the origins of risk and uncertainty have changed and society is increasingly preoccupied with the future and the consequences of their action (Giddens, 1998). The risks which we are now trying to prevent have unknown consequences. As uncertainties multiply, our desire to identify, assess and estimate risks increases. The paradox here is that while we are increasingly reliant on these technical and bureaucratic systems the less certain we are with the ability of the state to keep us safe. Thus, despite the increasingly technical and bureaucratic systems to keep us 'safe' we are increasingly preoccupied with risk.

The concept of risk is inseparable from how risks are manufactured – risks are 'manufactured' to fend off, or at least guard against, uncertainty (Ferguson, 1997). Once a risk is identified, it can be measured and its probability calculated. However, attempts to render the future under control raise awareness of other risks which must, in turn, be assessed and brought under control. This system produced therefore 'unintended consequences' (Giddens 1990 in Ferguson, 1997). Late modernity is therefore *reflexive* because it is aware of itself and uses this information to reorder and redefine its activities, this in turn generates new responses from individuals to these activities which will require further reordering and redefining.

Child protection systems are a classic form of advanced modern institutionalized risk system that has at its core the reflexive monitoring of risk. Thus, risk assessments consider the available knowledge and current condition of the child in order to determine the distribution of risk and the need for action. The aim of risks assessments is to render the future under control and safer for children identified as at risk (Ferguson, 1997: 225). Although some see this is a positive development (Ferguson, 1997) my argument here is that the 'at risk' discourse has to be understood as a disciplinary technique which could only emerge in a neo-liberal society and which aims to produce responsible subjects.

3.8 Identifying 'high risk' in social work practice

The increased preoccupation with risk has had an impact on social work. It has been argued that social work with children and families is now increasingly about assessing and managing risks (Ferguson, 1997, 2003, Otway, 1996, Parton, 1996, 1998, Parton et al., 1997, Scourfield and Welsh, 2003). There are two takes on how this increased preoccupation with risk has impacted on social work – one which draws from the work of Beck and Giddens; and another which draws from the work of Foucault.

On the one hand there is Parton and his colleagues who, drawing from the work of Foucault, view risk as constraining and controlling. This line of argument purports that there has been a shift from child welfare to child protection and that social work is now more preoccupied with the policing and normalisation of child rearing practices.

According to Parton (1998) some of the factors which contributed this heightened preoccupation with risks are firstly, the broadening of understanding of what constitutes child abuse. For example, Dingwall (1989) argues that there has been a *diagnostic inflation* of what constitutes child abuse. Secondly, and directly related to the previous, is the increased awareness of child abuse – this is clearly reflected in the sharp rise of children being referred to the Reporter due to concerns about abuse since the children's hearing inception in 1971. Thirdly, and related to the first two, is that social workers responsibilities now include "not only the protection of child from significant harm, but also the protection of the parents, and family privacy from unwarrantable state interventions." (Parton, 1998: 18) Finally, these changes have taken place in a context of increased demand and dwindling resources. This means that child welfare agencies find it almost impossible to develop the more preventive work strategies proposed by the 1995 Act (see for example Stafford and Vincent, 2008). In this climate choices have to be made about how to use scarce resources in the most 'efficient' way; and it is in this context that the identification of 'high risk' takes on particular significance.

A key feature of child legislation both in England and Wales, and in Scotland is the centrality of assessment of ‘high risk’, in the form of significant harm, as the criteria to be used for making decisions.

“The imperative becomes to differentiate the ‘high risk’ from the rest – so that children can be protected, parental rights and responsibilities can be respected, and scarce resources directed to where they will, in theory, be most effective. Resources and skills are focused on investigating, managing and sifting ‘high risk’ cases from the rest.” (Parton, 1998: 18).

This system of assessing and sifting out ‘high risk’ offers a mechanism for ‘rationalising’ the system based on an assessment of potential or actual risk that is ultimately about controlling demand, prioritizing work and saving money. This focus on the identification of ‘high risk’ is quite different from the welfare-orientated social work imagined in the 1960s; but also different from the 1995 Act which stresses that support should be offered to all children in need. Nonetheless, in the following chapters I shall be showing how these rationalising principles seem to be guiding practice with plenty of evidence to suggest that it was those young people who were considered to be most ‘at risk’ (both to themselves and others) who received most services and resources. The allocation of services and support according to the assessment of ‘high risk’ may also explain why young people are more likely to be subject to home supervision requirements. The logic being that younger children, due to their perceived vulnerability, are often judged to be at higher risk than teenagers who are understood to be better equipped to protect themselves against risks.

The focus on the management of risk creates a particular type of relation where self-management; making and keeping to contracts; setting and achieving recognizable targets; and learning the skills of the management of the ‘family’ are endorsed and promoted by the self-prudent. These apparently contradictory notions are in fact essential in the construction of current child protection systems where the individual is increasingly construed as responsible for his or her own fate and that of their children. “Risks are to be identified, assessed, monitored, reduced and insured against by the prudent citizen, effective professional, or efficient organization.”

(Parton, 1998: 19) Social workers' role is therefore to monitor and manage personal risk. Individuals that fail in the task of managing risk are seen as imprudent and thus the intervention of the state is justifiable in these terms.

“As a consequence, child welfare policies and practices are now crucially concerned with dividing and sifting the prudent from the imprudent, the self able to manage itself and high risk situations, and those who must be managed. By definition, all children are potentially imprudent, so the key focus becomes the situations they are in and the parents or carers, primarily women, who have had devolved to them the responsibility for managing and monitoring risk on the child's behalf.” (Parton, 1998: 19-20)

Observation and monitoring of families takes on particular significance in this process, particularly where there is little knowledge available to the professionals making that judgement. “Where there is little knowledge to demonstrate that the family or situation is safe [for the child], systems of monitoring, observation and surveillance take on a major significance.” (Parton et al., 1997: 43) As I shall be arguing later young people, parents and social workers saw surveillance as a key function of HSRs.

The focus on the management of risk does not only transform the nature and focus of child welfare policy and practice but also the way workers think about practice and organise themselves (Healy, 2000, Otway, 1996, Parton, 1996, 1998, Parton et al., 1997). Risk assessment and risk management becomes the *raison d'être* of social workers. In this process the social work role was redefined as ‘case manager’ rather than ‘case worker’ and the skills required of the professional now are the ability to design and monitor systems, and co-ordinate agencies and professionals working together (Otway, 1996). The social workers I have talked to believe these changes seem to have had a significant impact on their professional identity reflected on their disquiet and discontent with their role as ‘designers of surveillance systems’ rather than ‘casework consultants’.

On the other hand there is Harry Ferguson (1997). By adopting the reflexive work of Beck and Giddens Ferguson proposes a less pessimistic view of the changes taking place in child protection and social work more generally. Ferguson argues that child

protection in conditions of reflexive modernity can be liberating (Scourfield and Welsh, 2003) These conditions have, according to Ferguson, allowed the subject of social regulation to become increasingly critical and reflexive. He sees lay people as knowledgeable about expert information and is optimistic about gender relations and social workers' interactions with women.

He argues that by understanding the changes to the social, in light of the paradigm of the risk society, offers a better analytical framework than that provided by the post-modern critic of child protection which he views as pessimistic.

“Following the work of Foucault and the concept of ‘governmentality’, post-modernist critics argue that the traditional role of social workers has shifted from being family case-workers to seeking out and working with ‘dangerous parents’ and children at ‘high risk’. Child abuse has led to the bureaucratization of social work and good practice is not dictated by following procedures, accountability and the new managerialism.” (Ferguson, 1997: 222)

Ferguson argues that this is a one sided critique as it only considers the instrumental features of child protection systems to the detriment of the possibilities created for individual agency.

Such optimist accounts are welcome. I agree with Ferguson that human agency cannot be ignored. The problem is however that although all individuals can and will exercise agency, how their actions will impact upon institutional and social settings varies according to the social position they occupy. Moreover, as Scourfield and Welsh argue, there is little evidence in practice of the kind of pervasive reflexive modernity described by Beck and Giddens:

“...it is worth emphasizing at this point that existing studies of child protection provide relatively little empirical support for optimism about child protection work in contrast to the large body of research that suggests an overemphasis on control and forensic concerns.” (Scourfield and Welsh, 2003: 402)

Scourfield and Welsh (2003) also suggest that Ferguson's account is theoretically flawed as Giddens and Beck use the term reflexivity in direct contrast to one another – Giddens' use reflexivity to mean critical reflection to produce change; while Beck

uses the term to mean more of the same (and reflection to denote critical appraisal and change). Crucially, it is the role of knowledge in Giddens' and Beck's approaches to reflexive modernization which is problematic. "In effect, the model of reflexive modernization advanced by Giddens and Beck silences more social spaces than it gives voice to because of the primacy afforded to a variety of knowledges based in substantive forms of rationality." (Scourfield and Welsh, 2003: 404)

Moreover, in some cases, reflexivity might bring about changes which are the opposite of what the action intended. So, for example, when parents refuse to engage with social services they are exercising their agency in the hope that they will be able to avoid the professional gaze. However, as I shall be arguing later, this tends to have the opposite effect – with legislation becoming increasingly punitive of parents who do not do as they are told. I shall return to this point in Chapter 7 when discussing parents' strategies to avoid social control.

3.9 The subjectification of 'the child'

As suggested above, Foucault insists that the subject has no fundamental nature, but is produced through discourses. Discourses are historically specific and can be quite distinctive from one another as well as from their own earlier or later versions; but they can also overlap and intersect (McHoul and Grace, 1993) Foucault thought of discourses as being continuously shaped and reshaped by the social relationships being enacted within so that the subject is always being transformed. His work often looked at the historical conditions which produced specific types of subject. For example, in DP Foucault's enquiry looks into how certain techniques of punishment and confinement produce the criminal as a historically situated subject.

Discourse techniques produce human subjects. How the child is defined impacts upon our approaches and practices to them and determines the possible childhoods they may, or may not, have (Aldgate, 2006a, Jenks, 2005, Parton et al., 1997, Seden, 2006). For example, Parton et al (1997: 96) suggest that "child protection depends a great deal on the social construction of children and the ways in which children

subject to child protection intervention are seen as cultural products and become objects of organisational interest.”

Foucault suggested that the idea of humans as subjects is in itself a relatively recent development following the Enlightenment period in Europe. Similarly, ideas about ‘the child’ and childhood are relatively recent and it is now widely accepted that childhood, and youth, are historically and socially constructed concepts. It was the French philosopher Aries who initiated the debate in the late 1960s by arguing that the idea of childhood did not exist prior to the 16th century. Numerous scholars have made a comprehensive critique of Aries (Hendrick, 1992). The four main criticisms are: a) the data used is unrepresentative and unreliable; b) he takes evidence out of context; c) he ignores children’s dependability on adults; d) he puts undue emphasis on the writings of moralists and educationalists (Hendrick, 1992). Despite these critiques Aries remains an important figure as he drew attention to the social construction of childhood and the social significance of children within the family.

It is undeniable that our understandings about children and childhoods have changed considerably over the recent past with a number of authors providing historical overviews of how understandings about the child have evolved in Europe since the 18th Century (Donzelot, 1988, Hendrick, 1997, James et al., 1998, Jenks, 2005, Smith, 2012). James et al (1998) for example describe changes from what they called *the presociological child* to *the sociological child* – with the child becoming of increased interest to personal, political and academic agendas *in their own right*. Similarly Jenks (2005) suggested two models of ‘normal’ childhood that have, according to him, transcended time and culture: the Dionysian child and the Apollonian child. Drawing loosely on Foucault’s analysis of disciplinary power Jenks links these two models with distinctive models of social control. Smith suggests that these two images of childhood should be understood as specific configurations of power/knowledge and adds a third model of childhood to those two suggested by Jenks, the Athenian child that relates to neo-liberal form of government and its emphasis on participation and self-regulation. Whilst Hendrick (1997) shows how since the 18th century there has been various authoritative social constructions of

childhood – each seeking to mould ‘childhood’ as a single noun. Efforts to homogenise childhood through a varied of discourses are pursued because a plurality of childhoods represented difficulties for government (government being understood here in its widest sense to include not only the state but also the many disciplines concerned with the government of life).

3.9.1 Models of childhood

The Dionysian or *evil* child was the prevalent view of the child in the 15th and 16th century (James et al., 1998, Jenks, 2005, Smith, 2012, Valentine, 1996). This image of the evil child finds its mythological foundations in the doctrine of the original sin; and its philosophical foundations in the work of Thomas Hobbes. Although Hobbes was not directly preoccupied with the particular condition of the child his writings on the human condition – as being inherently bad – and his defence of the absolute, omnipotent monarch provides a good parallel with how the relationship between parents and their children should be conducted. In the same way as the monarch exercises his absolute power over the populace, parents have absolute power over their children.

This model of childhood is associated with the old system of sovereign power, in which human nature is perceived as inherently bad, and therefore had to be subjugated by the all powerful authority of the sovereign in the interest of social order. The sovereign exercises control over its subjects through force and behaviour, leaving little room for individuality. Child rearing techniques at the time reproduced the relationship between sovereign and subjects within the patriarchal family. Adult's control over children is aided by the use of force when collective values need to be re-established. This is necessary since “Without parental constraint, the life of the child is anarchistic” (James et al., 1998: 11). The child is therefore understood as a dangerous force which must be controlled and constrained as, if not kept under check, it threaten social order and the well being of all.

The Apollonian or *innocent child* is associated with the new forms of power that emerge from the mid-18th century and is largely shaped by liberal theory (James et

al., 1998, Jenks, 2005, Smith, 2012). The roots of this view of the child can be found in the works of the Cambridge Platonists, John Locke and Jean-Jacques Rousseau (Hendrick, 1997, James et al., 1998, Valentine, 1996). The end of the 17th century saw a re-evaluation of childhood by the Cambridge Platonist that asserted the innate goodness of the child. In 1693 Locke published *Some thoughts concerning education* where he criticises the conceptualisation of the child as depraved and sinful. Rather than seeing the child as inherently good as the Cambridge Platonists, Locke saw the child as a 'tabula rasa' that could be moulded by parents and education. For Locke children had the potential to learn, to develop rationality and become fully fledged citizens. Children have therefore a particular set of needs and interests, and adults (parents) have the responsibility to provide for these needs and protect children against 'bad' influences. Most importantly, he recognised that children were different and were therefore individuals.

In these early liberal models of childhood the child was still heavily dependent on class and gender classifications. Arneil (2002) for example notes that for Locke parental responsibility was reduced to providing an education to sons. Other aspects of the child's care were not of concern to liberal theory at its inception for three reasons. First, since these other dimensions (namely physical, social or emotional development) are carried out within the private sphere rather than the public domain they were not of political concern at the time. Second, the process of caring for children was understood as being largely a natural process, thus of little political interest. Third, child care was a largely female occupation and thus not of concern for political theory that concerned itself with citizens (i.e. adult males).

During the 18th century the debate focused on the child's nature – whether inherently good or inherently bad. Rousseau represents the latter camp. He turns Hobbes views on the human condition on its head, arguing that humans are inherently good and that the child should be idolized and worshipped for their intrinsic value rather than constrained and controlled. The innocence of the child should therefore be protected from the adult world and its parents and educators responsibility to do so. However, this emphasis on parental/educator responsibility towards the child "has to be

reconciled with Rousseau's advocacy of freedom for the child" (James et al., 1998: 14). Rousseau elevates the child to full personhood status - with particular needs, desires, and even rights. The radicalism of Rousseau's portrayal of childhood was that it constructs children as beings – not only as adults in the making (although childhood was still seen as a state prior to adulthood). This view of childhood was made popular and in the process was reduced to "a crude view of children as distinguished merely by 'natural' incapacity and 'vulnerability'" (Hendrick, 1997: 37).

In the mid 18th century the literature on the 'preservation of children' started to flourish. It had three main targets – the orphanage, the rearing of children by domestic nurses and the 'artificial' education of rich children (Donzelot, 1979). These three techniques were accused of engineering social evil. Preserving children in the 18th century came to mean two things: to put an end to the misdeeds of house servants (who were seen as the cause of all evil) and to educate those who put their children in the hands of those individuals. Although the cause of all evil was the same the solutions proposed varied depending on whether one was rich or poor. The strategy for the rich was to create "a set of knowledge and techniques designed to enable the bourgeois classes to rescue children from the negative influence of servants and to place them under the parents' observation." (Donzelot, 1979: 16) The strategy for the poor was to consolidate all techniques related to regulation of the lives of the poor under the label of 'social economy' "so as to diminish the social cost of their reproduction and obtain an optimum number of workers at a minimum public expense: in short what is customarily termed philanthropy." (Donzelot, 1979: 16)

The view of childhood as a time of innocence that came to gradually prevail during the 18th century coexisted with the brutal exploitation of child labour in factories (Hendrick, 1997, Valentine, 1996). During the 19th century the exploitation of children in factories became a concern amongst some middle-class reformers who wanted to regulate child labour. This concern was in part a reaction against the scale and intensity of the exploitation of child labour and what was seen as their

brutalisation. The fear was that the brutal exploitation of working class children was contributing to the dehumanisation of the working class that represented a threat to social order. But this debate was also about the process of industrialisation more generally, and the changes to British society that many feared were threatening the ‘natural order’.

The reformers campaign gained momentum during the 1800s (Hendrick, 1997). Hendrick states that the reformers arguments were based upon those ideas about children that were described above but they also developed more specific arguments about the child’s special character. First there was the argument that child labour was not *free labour* and thus not the same as adult labour. Second this view of the child as being un-free came to be associated with a more vigorous image, that of slavery thus furthering the view of children as un-free. Third was the concern that the demand for child (and female) labour was inverting the ‘order of nature’ where parents, mostly fathers, were responsible for supporting their families.

These debates were in essence about the relationship between childhood and adulthood and eventually led to the introduction of the Factory Act, 1833; the first piece of legislation to enshrine in law the distinction between children and adults (Hendrick, 1997). Although this was first in relation to labour it soon followed that all children shared the same nature. “In this sense, the campaign to reclaim the wage-earning child for civilization was one of the first steps along the road of what can be described as the social construction of a universal childhood.” (Hendrick, 1997: 42) This is significant, as previously noted, because the coherence of discourses and their claims to represent the truth depend upon a suppression of difference. This process of homogenisation was to continue throughout the 19th and 20th centuries.

The massive efforts made in the 19th century to expand the project of childhood were based upon the conceptualisation of working class children as the Dionysian/evil ‘other’ (Smith, 2012). Working class children were viewed as a moral and physical pestilence and a threat to society. Disciplinary techniques were then devised which aimed to control and contain the inadequately socialised children of the poor and

were based on the assumption that working class parents were unable to self-govern (Smith, 2012) The state responsibility was then to intervene if parents were failing in their duties to provide adequate physical and moral care.

These debates were the product of concerns about the state of society at the time which are not that dissimilar from arguments being voiced today that frequently frames youth, particularly working-class youth, as a 'dangerous class'. The question then (as now) was "how to build a healthy, co-operative society, one with a cohesive social and moral fabric, to replace the chaos and immorality that appeared to be widespread." (Hendrick, 1997) The answer was to be provided by the campaigns to 'remoralise' children particularly aimed at two groups of 'troublesome children': those who had already offended and those who were at risk of offending (Rose, 1990). In the first case reformers argue that children who had offended should no longer be placed with adult criminals, where they learned vice; but should instead be sent to separate institutions where they would be retrained in morality. The reformers campaign led to the introduction of a number of Acts between 1854 and 1866 which recognised for the first time juvenile delinquency as a separate category and extended childhood to those under 16 (previously only children under 7 were assumed to be incapable of criminal intent) (Hendrick, 1997). This is quite significant in the re-construction of childhood as it

"defined the extended 'childhood' as 'different'; reinforced the view that they were not 'free' agents; drew attention to the child-parent relationship with the latter being expected to exercise control and discipline and emphasized the danger of those in need of 'care and 'protection' becoming delinquents." (Hendrick, 1997: 43)

Hendrick (1997) notes that this signals a return to a mythical condition of childhood that carefully constructs the nature of childhood in opposition to that of adulthood.

For the second group of troublesome children, those who were at risk of offending, reformers argued that they should be rescued from the streets and "sent to institutions that could train them in the habits of regular labour, discipline, obedience, and religious observance necessary to leading a law-abiding and more life." (Rose, 1990:

152) The solution proposed to this problem was education which would prevent the ‘dangerous classes’ from reproducing – both culturally (as the school would replace, at least to some extent, parents in the socialisation of children) and biologically (by making education compulsory and thus removing the financial incentive of having children to send to work in factories) (Donzelot, 1979, Valentine, 1996). A series of Acts from the mid 19th Century onwards saw the establishment of reformatory schools for juvenile delinquents and industrial schools for those children perceived to be at risk of offending (Rose, 1990). These provisions were later extended to children who were thought to be ‘in need of care and protection’ or ‘beyond parental control’ (Rose, 1990).

Hendrick (1997) argues that through legislation and the introduction of mass schooling the mythical condition of childhood as a time of innocence was further popularised. The school changed the nature of children in many significant ways. Of particular interest is the way in which the school imposed the segregation of children into a space which conferred upon them a particular identity – that of pupils – and provided researchers and professionals alike with an opportunity to observe large numbers of children within one space. The school was crucial as well in the process of homogenising childhood, as the classroom and the educational system could not function without a ‘truly national childhood’ that ignored, at least in theory, geographical and social divisions (Hendrick, 1997). As previously noted, the confinement of individuals in specific space and the homogenising of categories is one of the techniques used by disciplinary power to control bodies and subjectify the individual. The school (more precisely universal, compulsory education) is therefore an important form of disciplinary power that emerged in the 19th Century and subjectifies individuals – in this case children and young people. Schooling not only created the ideal, but it also enforced it on pupils and their parents in most cases against their will (Hendrick, 1997). It is in this context that school attendance takes on particular significance – children and young people who do not attend school are ‘at risk’ of not becoming the ideal citizens of the future as schools are then unable to use its techniques to enforce this ideal on pupils and their parents.

Another significant development in the emerging construction of childhood as a time of innocence and vulnerability is that from the beginning of the 20th century new understandings of the troubles of children start to emerge which reconstruct the family in terms of psychological relations between its members (Hendrick, 1997, Rose, 1990, Valentine, 1996). Families were to be conceived as part of the problem of childhood – it was disfunctionality within the family which would lead to maladjusted children. Within this view of the family the mother-child relationship was construed as of prime importance for the moral development of the child (Burman, 2008, Rose, 1990). It is the mother's responsibility to ensure that the child turns out all right – if a child is maladjusted that is seen as a failure of the mother or a consequence of abuse and neglect within the home. Anti-social behaviour becomes linked with earlier disturbances in the child's relationship with the mother. This model of the family came to gain particular currency after the Second World War. "Concern with children and moral welfare was subsumed under the growing emphasis on psychological development." (Smith, 2012: 28) This has had a profound impact on childhood.

While previous (re)conceptualisations of childhood had as their focus the child's body the new model to emerge during this period had, as its focus, the child's mind. The model of childhood to emerge during this period capitalises on two assumptions derived mainly from psycho-medicine: that the child is a natural rather than a social phenomenon; and that to reach adulthood the child goes through a process of maturation (Hendrick, 1997, James et al., 1998, Maier, 1965, Rose, 1990). The notion of the naturalness of the child derives from the universal experience of being a child; while the belief in the inevitability of the process of maturation derives from the combination of post-Darwinian and post-Enlightenment views of development, growth and progress (James et al., 1998). Childhood is therefore understood as a continual sequence of hierarchically arranged stages that go from low status, infantile, 'figurative' thought to high status, adult, 'operative' intelligence (James et al., 1998). Children are therefore an imperfect (and passive) precursor to the real state of being (James et al., 1998). They are becoming rather than beings.

Adulthood is therefore the desirable goal and the process by which it is reached is only of secondary importance – or at least not as relevant as the end point. Such notions of progress as a process in which individuals or societies *always* move forwards, from simpler to more complex task/forms, are typical of modern disciplines. “The disciplinary methods reveal a linear time whose moments are integrated, one upon another, and which is orientated towards a terminal, stable point; in short, an ‘evolutive’ time.” (Foucault, 1977: 160)

These discourses have been popularised not only through professionals but also through the popular media and culture more generally, and have been crucial in the development of child legislation. National and international statutory definitions of the child often assume that, as children grow up they become more apt to assume adult’s responsibilities and are gradually given political rights. Moreover, child legislation in the UK requires professionals to identify children who are in need of services and that to do so it is essential for professionals in the ‘helping professions’ to have an understanding of child’s development (Aldgate, 2006b, Maier, 1965). Only with a good understanding of child’s development, so the argument goes, are helping professionals able to effectively carry out work with children, helping them to achieve ‘optimal development outcomes’. By having knowledge of child development and its rhythmic regularities professionals are able to identify that which is considered to be *normal child development* and any deviances from the norm. Such ideas are therefore fundamental to the government of childhood (Rose, 1990).

There is now an emerging critique of childhood as a time of innocence coming from the ‘new’ social sciences of childhood and the children’s rights movement. The key argument put forward by this critique is that previous models of childhood underestimate children’s ability and restrict their role in society. The ‘new’ social sciences thus move away from the view of the child as becoming and are now interested in the child as being with an increased recognition of the child as an active agent (Ennew, 1994, Harden et al., 2000, James and Prout, 1990, James et al., 1998, Jenks, 2005, Punch, 2002).

These represent efforts to enhance the position of children in society. “These arguments form part of a broader attempt to ‘denaturalize’ childhood by challenging the biological determinist of popular and scientific – in particular psychological – thought.” (Smith, 2012: 29) This new approach is characterised by some key features (Prout and James, 1997). First it recognises childhood as a social construction which is not, therefore, neither natural nor universal. Second it perceives childhood as one, amongst many others variables of social analysis. Childhood cannot therefore be entirely divorced from other variables such as gender, class or ethnicity. Third it recognises the phenomenological world of the child as worth of study in its own right. Fourth it recognises children as active in the construction of their lives, as well as that of those around them and the societies which they are part of. Finally, it recognises the role of social sciences in the (re) construction of childhood.

Jenks (2005) argues that this approach serves a variety of purposes. Firstly it challenges common sense perspectives of children and childhood which assume them to be both natural and universal. This perspective of children and childhood varies greatly, therefore, from those more closely associated with developmental psychology which portrays childhood as a series of age-related stages which are followed by all children in a linear, continual fashion towards maturity and adulthood. Social constructionist views of the child are of the view that “children are not formed by natural and social forces, but rather through their interaction with adults” (James et al., 1998: 28). As an approach it is therefore highly reflexive as it is not simply concerned with explaining how the child is understood across different historical and cultural settings but also in shedding some light on the factors influencing specific understandings of the child.

Secondly it shows that definitions of children and childhoods are the product of different discourses which are not inherently complementary. Thus, children are often depicted as angels and devils, in need of protection or control, depending on the discourses adopted by different commentators in order to support and perpetuate particular versions of humankind, action, order, language and rationality which justify and explain the status quo.

Thirdly, it reminds that sociological perspectives represent one form of discourse about the world, amongst a number of other possibilities; and that these perspectives are engaged in a dialogical process – that is, not only they are influenced by the social world they are embedded in but they are also responsible for the transformation of their social context. So ‘the child’ is not defined by age related stages but is socially established according to, amongst other things, discourses about their rightful place in society in relation to adults and socially sanctioned processes of (in)dependency.

As Smith (2012) argues this (re)conceptualisation of childhood does not represent a ‘break’ with the past but the continuation of governmentality into childhood to draw upon children’s capacity to self-regulate. Smith notes that the Dionysian and Apollonian images of childhood are reconfigured within neo-liberal discourse of responsibilization. For example, the Dionysian child of criminal justice discourses is now no longer simply constructed as not innocent but also as responsible. She (Smith, 2012: 33) proposes that

“While supporting young people and their families to reach their own solutions can be seen as a form of ‘empowerment’, any approach which deals with youth crime primarily in individual or familial terms can serve to obscure the wider inequalities in terms of resources and opportunities which can lead to some young people becoming involved in criminal behaviour.”

There are strong parallels between the rise of the ‘competent child’ and the significance placed on responsibility and self-reliance by neo-liberal approach to government (Smith, 2012: 29). In neo-liberal societies, risk and responsibilities which were once deemed social are now of the individual – it is the individual who must take responsibility for the ‘project of the self’.

The way in which the idea of the ‘participating child’ has been taken up links to the idea of the “self-maximizing, entrepreneurial subject of neo-liberal and advanced liberal thought.” (Smith, 2012: 30) Practices towards the child might seem more democratic, however they are still based on knowledge and expertise which view children’s agency in instrumental terms (Smith, 2012). Rather than being liberating

they are in fact a new form of domination as they justify the increased surveillance and regulation of children. While on one hand there have been claims towards granting children more autonomy, on the other hand childhood is increasingly regulated – by the state and all its agencies. “The modern child has become the focus of innumerable projects that purport to safeguard it from physical, sexual and moral danger, to ensure its ‘normal’ development, to actively promote certain capacities of attributes such as intelligence, educability and emotional stability.” (Rose, 1989 in James et al., 1998: 7)

For example, the increased recognition of children as agents leads to an increased interest in the phenomenological world of the child that justifies and facilitates the measurement and management of childhood. Calls for children’s increased participation have not, so far, carved a broader role for them in society but have instead been deployed as a way in which to encourage the constitution of a particular type of self.

This is not to say that participation is not a good thing but to remind the reader that all discourses are power relations. Reconceptualising children as social actors brings potential benefits such as increased autonomy, but does not necessarily challenge inequalities and “may serve to stigmatize ‘irresponsible’ children and their parents in ways which reinforce the effects of structural inequalities.” (Smith, 2012: 34) Power/knowledge operates through all discourses, including those claiming to be emancipatory. Although they seem liberating, they are in fact the continuation of a discourse – one which continues the domination of adults over children. Children’s subordinate position is, to a lesser or greater extent, inscribed in our social interactions and learned through process which reinforce the idea that certain types of speech and action are more credible than others.

3.10 Youth

The age in which childhood starts and ends has, like the meanings we ascribed it, changed over time. Legal, medical, educational and welfare definitions of when

adulthood starts are conflicting. The UNCRC (1989), for example, defines a child as anyone under the age of 18 years. Although this age is often used as the cutting off point at which children become adults and acquire political rights (Ennew, 1994), this transition from childhood into adulthood is often understood as a progressive journey, with the child acquiring more rights and responsibilities as they get older. In Scotland, for example, a child under 16 years (albeit with some exceptions) has no active legal capacity to enter into legal transactions; “essentially prohibiting a child from acting independently of their parents, guardians or carers” (McRae, 2006). At 16 years of age a child acquires full legal capacity, may choose where to live and may marry; but she has to wait till she is 17 to drive a car; and until she is 18 to buy alcohol and cigarettes, and be eligible to vote in an election (McRae, 2006). Thus, as children grow older they gradually gain greater autonomy from their parents until the day when they too, become fully fledged citizens with political rights.

Valentine argues that the concept of childhood was further complicated by the invention of the teenager. Teenagers

“...lie awkwardly placed between childhood and adulthood: sometimes constructed and represented as ‘innocent children’ in need of protection from adult sexuality, violence and commercial exploitation, at other times represented as articulating adult vices of drink, drugs and violence.” (Valentine, 1996: 587)

As Valentine research shows teenagers can be simultaneously construed as angels and devils in popular discourses with parents often referring to their own children as belonging to the previous category and the children of other parents as belonging to the latter. What these discourse seems to reveal is adults’ desire for greater control of young people in public spaces in order to maintain the boundaries between ‘us’ and ‘them’.

Kelly (2000, 2006) notes that youth is understood as a period of transition – of simultaneously ‘un-becoming’ a child and becoming an adult. This idea of youth as becoming is particularly important as becoming relates to the future.

“Youth, as a means of constructing, in particular ways, certain populations, is an artefact of a history of diverse ways of thinking about the behaviours and dispositions of those who are neither child nor adult. Indeed, as an artefact of expertise, youth is principally about *becoming*: becoming an adult, becoming a citizen, becoming independent, becoming autonomous, becoming responsible.” (Kelly, 2000: 468)

According to Kelly, youth at-risk discourses are about the possibility of young people putting their future at-risk through their present behaviour and dispositions. These discourses create relationships of probability between present behaviour and dispositions and certain adult, ideal futures. These ideal futures, and the exact correlations between present behaviour and future possibilities, are artefacts of expert knowledge with the view of regulating the behaviour and dispositions of youth. Risk discourses, Kelly argues, are mobilized by experts in order to create docile subjects in neo-liberal societies. He understands risk as being both a metanarrative of ‘reflexive modernity’ and a technique of government that offers the possibility of regulating individuals, particularly young people, in order to produce docile subjects.

The youth-at-risk discourse of neo-liberal societies rehearses historical discourses that have imagined youth as delinquent, deviant and disadvantaged; and adds a novel element to it in that now potentially all behaviours and practices can be constructed in terms of risk (Kelly, 2000). Consequently, intervention can be justified in the basis of any action. Kelly argues that such discourses are *dangerous* as they are used to justify the increased surveillance and regulation of young people’s lives.

Identification and intervention are techniques facilitated by the at-risk discourses and enabled by the activities of experts. As techniques of government they “recode institutionally structured relations of class, gender, ethnicity, (dis)ability and geography as complex, but quantifiable, factors which place certain youth at-risk.” (Kelly, 2000: 469) Once these factors are identified, measured and quantified experts can devise modes of intervention in order to “enable regulatory projects which promise to minimize the harm of these factors.” (Kelly, 2000: 469) At risk-discourses and their techniques of government enabled by the experts serve to regulate and normalise youth.

These models of childhood do not represent all the different forms of governing childhood.

“They do, however, serve as a useful framework for examining the links between discursive constructions of childhood and relations of power, first in terms of relations between children and adults and second in terms of the relations of power such as class, gender or ethnicity which cuts across childhood.” (Smith, 2012: 34)

They serve as a reminder of how different discourses about what children are and how they should be treated impact upon our approaches to children. What these models have in common is that they tend to represent the child as either good or evil, angel or demon (Smith, 2012, Valentine, 1996). At any time one of these conceptualisations seem to dominate, and other accounts or constructs of the child are ignored in favour of a homogenising view of childhood. During the 19th and early 20th century it has been the view of the innocent child which has dominated our understanding of what means to be a child. More recently there has been increased recognition of children as active agents and, conversely, a moral panic concerning the ‘loss’ of childhood (Hendrick, 1997). What emerges from these various discourses is a developing notion of what counts as a ‘proper’ childhood.

Although the definitions of what counts as normal/abnormal have changed what has remained constant is that

“children reared in low income families have frequently been regarded as inadequately socialized and consequently potential liabilities to be contained. We thus find a high degree of continuity in the manner in which responsibility for tackling inequality and disadvantage is rebounded onto parents (and more recently children themselves) within diverse strategies of governing childhood.” (Smith, 2012: 35)

This might then go some way into explaining why children from disadvantaged backgrounds are more likely to become ‘looked after’.

Another common feature of these models is the emphasis on investing in the future. The investing in the future discourse remains an important feature of neo-liberal

government – intervention in the lives of working-class families, so goes the discourse, is justified as it will lead to future savings in health, welfare and prison. One added feature of this discourse in neo-liberal governments is that now “children themselves are offered an active role in the development of individual human capital.” (Smith, 2012: 33) The focus is on fostering personal responsibility. The youth ‘at risk’ discourse is a feature of this process of responsibilisation through the creation of the ‘entrepreneurial self’.

3.11 Conclusion

In the first part of this Chapter I have considered some of the key theoretical ideas which have underpinned the development of this thesis. In the first section I have considered how from the 18th Century new forms of power emerge which are more complex and diffuse than previous forms of power. Social work emerges as one of the technologies of the exercise of power to emerge in this period and introduced techniques of social regulation characterised by notions of normalisation, discipline and surveillance (Foucault, 1977).

As Parton (1998) notes one of the key themes in Foucault’s work is a critique of the ways in which modern societies regulate and discipline their populations by sanctioning the knowledge claims and practices of the new human sciences that started to emerge from the 18th century onwards. One important aspect of this is to show how official knowledge, or discourses, works as a technique of normalisation and subject formation by sanctioning the claims and practices of the human sciences while at the same time rejecting forms of knowledge which are different from them. Social work, as other human sciences, has played a key role in this process of disciplining and surveillance. Practice cannot be divorced from power and control in so far as it imposes specific truths upon others. It is important therefore to identify how practice exercises control and to what effect. I shall be further exploring this in the following chapters.

In the second part of this Chapter I considered the different models of childhood; pointing to the multiple and contested nature of childhood. It is now widely accepted that the child is socially and historically determined; and that our definitions of the child impacts upon our approaches and practices to them. In the following Chapters I will be considering how specific understandings and conceptualisation of the child and youth are used to subjectify the individual. But first I will be turning my attention to the research design and methodology adopted in this study in order to provide the reader with an understanding of the research process and the many decisions and compromises that had to be made along the way.

Chapter 4: Methodology

4.1 Introduction

This chapter outlines the research design, methodology and the rationale for the choices made in this research project. I will start by reiterating the research paradigm before moving on to an explanation of the theoretical, ethical and practical factors which affected the decisions made regarding the research design. This will be followed by a description of the approach adopted for the analysis of the data. The final part of this section will consider the impact I, as the researcher, had on the research process.

4.2 Research paradigm

Research often develops from an initial idea or problem which is of interest or concern to the researcher(s). These initial ideas are developed within a particular theoretical perspective guided by ontological and epistemological considerations, which will in turn determine what type of data is collected and how it will be analysed and presented. As in everyday life, previous understandings of the social world will guide how new knowledge is developed in an interpretative cycle, or hermeneutic reflexivity. Theories are therefore a product of specific historical, socio-political contexts.

In Chapter 2 I have examined the key theoretical ideas that influenced the development of this research project. These theories can be generally grouped under the large umbrella of post-theories. Post-theories do not speak with a single voice but they share some key characteristics. A central tenet of such perspectives is that they question assumptions about the 'essential', 'natural' and 'truth' character of social phenomena. Rather than searching for the 'truth', post-theories look at the processes through which truth claims are made, focusing on how objective and subjective meanings are produced (Bauman, 1997, Foucault, 1982, Healy, 2000, Parton, 1998). They call for the deconstruction of social phenomena so that social action is continually questioned, disrupted, critiqued and changed (Parton, 2006). This is not a

denial of reality as many critics have argued but rather an acknowledgement that there are many realities and truths and that knowledge is intrinsically linked with power (Fawcett and Featherstone, 1998). It is this paradigm that has guided my research decisions.

Post-theories problematise and question assumptions about 'truth' and 'essential' qualities of individuals and social phenomena. In some approaches the ideal of a single universal truth is rejected all together, while in others the researcher accepts the possibility of specific, local and personal truths which can be theorised about (Ezzy, 2002). *Symbolic interactionism* is an example of such moderate approaches as it emphasises the role of individuals in creating and reproducing meaning. Meaning is therefore situated and the role of the researcher is to make sense of how these processes of meaning-making evolve, and what are their purpose and consequences. I have approached the study of HSRs by considering participants' personal realities as a system of shared meanings guided by the collective mind, providing a framework of understanding. So the reality which I am observing, describing and theorising about depends on the participants' own interpretations of their actions.

Thus from the beginning of this research my concern was not in uncovering the Truth because it is my view that there is no such a thing as an absolute truth. My concern was instead in identifying the different meanings attached to HSRs by young people, parents and social workers and in understanding how these relate to dominant discourses about childhood, the family and social work practice. I wanted therefore to gain an insight into what people think and the meanings they attach to their activities and experiences. Triseliotis et al., (1995), in their research of supervision requirements in England and Scotland, highlight the often conflicting and contradictory nature of stakeholders' understandings of social work practice. My goal was to understand how these conflicting and contradictory views interact with one another, as well as with dominant discourses.

4.3 Aims and objectives

The aims of my study were:

- To explore the views and experiences of young people, parents' and social workers', concerning HSRs and, in doing so, to contribute towards filling a gap in existing information about children who are subject to HSRs and their families;
- To describe young people's trajectories through the care system and their families history of involvement with social services; and
- To find out more about how HSRs work in practice and whether there is a disjuncture between policy and practice, as suggested by Murray et al (2002).

My objectives were:

- To obtain a better understanding of the circumstances which result in young people being subject to a HSR;
- To find out which services and resources were made available to young people and their families prior to, during and after the HSR; and
- To gain an understanding of how HSRs may impact young people and their families; and how this affects their relationships with each other and with social workers.

I hoped to gain an understanding of the mechanisms by which this type of compulsory intervention is implemented, the context in which it is implemented and the views of those mostly affected by it – that is young people, parents and social workers. The focus was to be on individuals' understandings of the social world around them and interpretations of their experiences.

4.4 Research methods

In choosing which method of data collection is the most effective in eliciting understandings of the social world, social researchers have often debated either for a quantitative or qualitative approach. This debate has in its essence been about whether social research can and should be 'objective' or not (Allan, 1991, Becker, 1967, Gouldner, 1973). This dichotomy is unhelpful and it is increasingly

recognised that the suitability of quantitative and qualitative approaches should be considered according to their appropriateness to the aims and objectives of the research rather than solely according to philosophical positions (Fielding and Gilbert, 2000, Snape and Spencer, 2003). Some have argued that rather than detract from each other, qualitative and quantitative methods can be used in conjunction with one another in order to produce a fuller picture of the social phenomena under study (Allan, 1991).

As the aims of my research were to gain an understanding of the mechanisms by which the intervention is implemented, the context in which it is implemented and the views of those mostly affected by it, I have adopted a multi-methods approach. A multi-methods approach seems to be the most suitable to the study of complex phenomena. In their review of research evaluating social work practice Cheetham et al (1992) have argued that the complexity of social work requires ‘pragmatic eclecticism’ – that is, to use a number of different methods in order to illuminate different, conflicting and outright contradictory aspects of the phenomena under study. In their study of HSRs Murray et al. (Murray et al., 2002b) used a combination of questionnaires, secondary analysis of data from SCRA, examination of case files and interviews with families and children. I adopted a similar approach (although in a much smaller scale) and opted for a multi-methods approach that focused on process, meaning, understandings and trajectories as well as enumeration (Hammersley, 1992, Snape and Spencer, 2003). This included:

- Secondary analysis of quantitative data provided by the Scottish Children’s Reporter Administration (SCRA).
- Documentary research of young people’s case files.
- Semi-structured interviews with young people, their parents and social workers. Interviews with young people were preceded by a task-based exercise where they were invited to fill in a life grid.

4.4.1 Secondary analysis of quantitative data provided by SCRA

The inclusion of this method of data production serves two purposes here. Firstly, I wanted to find out whether children who were subject to HSRs had different trajectories through the Children's Hearing System from other groups of 'looked after' children. As noted in Chapter 2, the Scottish Government and SCRA publish statistics every year on 'looked after' children and this provide some insights into the care careers of these children, although it should be noted that little is said about the specific cases of children who are subject to a HSR. The benefit of utilising data from this large data set was that made it possible to obtain demographic and historical information from a larger number of cases than a solely qualitative approach would have afforded.

The other reason, directly related to the first one, was that I hoped to produce knowledge that would be useful to policy and practice. Within this context quantitative data seem to remain the dominant research paradigm (Snape and Spencer, 2003). Thus, in order to maximise the appeal of this research for these audiences I have included quantitative data which could more easily be used and compared with the information already available and more frequently used within these contexts. This data could then provide a bridge between the specificity of the detailed personal narratives and the general picture provided by national statistics on looked after children and young people which could assist policy makers in making sense of the phenomenon being described.

As there were some limitations imposed by the nature of my research as a sole, postgraduate researcher, I have opted to conduct secondary analysis of an existing data set as collecting my own data set would require time and resources not available to me (for a discussion of the advantages of using secondary data see for example Hofferth, 2005). In deciding which data set to use I opted to follow the same approach as Murray et al (2002b) in their study of HSRs. They conducted secondary analysis of SCRA data on 5683 children who were on HSR at 30 June 1999. As this data set had been previously used for research on children who are subject to a HSR I knew that it contained the information required regarding dates, types of referrals and

SRs for *each* child. Moreover, SCRA has a dedicated research team and they were therefore well prepared to reply to other researchers' requests. I also considered using the data collected by the Scottish Government and the local authority; however, until 2008/09 The Scottish Government only collected aggregated data from local authorities, and I was not aware of the nature of the data the local authority collected, or in what format.

One key limitation in using the SCRA dataset is that the information on children and young people's involvement with the Hearing System only goes as far back as 2002. In 2001/02 a new centralised system for the collection and storage of data collected by SCRA, the Referrals Administration Database (RAD system), was introduced⁸. When the RAD system was rolled out, each child was given a new reference number and records from the previous system were not transferred into the new one. Thus, the RAD dataset only records referrals and SRs from 2002 onwards.

4.4.2 Documentary research

The objective in reading these young people's case files was twofold: first to obtain a historical overview of the case, looking for previous contact with social services, and so on; second it was to establish whether guidance and regulation was being followed. Documents are a rich source of information for researchers (Dingwall et al., 1983, Hayes and Devaney, 2004, Macdonald, 2001, Prior, 2003). The use of documentary analysis is well established in social research and a number of studies have used this method to find out more about social work practice (Hayes and Devaney, 2004, McLeod, 2006, Murray, 2006) Hayes and Devaney (2004) argue, for example, that social work files are the most important documents for researchers wanting to learn more about social work practice.

Documentary research is often used as part of a mixed-methods design where the researcher uses the triangulation of methods in order to obtain a fuller picture of the social phenomena being studied (Macdonald, 2001). It has been argued that one of

⁸ RAD's first full year in operation was 2003 but SCRA was able to provide information dating back from 2001/02.

the advantages of using documents in research is that unlike in interviews, where the participant reacts to the researcher, and will adjust his or her answers accordingly, documents are 'non-reactive' (Hayes and Devaney, 2004). In this understanding documents are seen as static and stable objects where meaning can be taken at face value (Prior, 2003).

I agree with Prior (2003) however, who argues that documents are not simply objects, but actions. Their importance as a source of information is not only for their content. Documents are not objective representation of a given event - they are socially constructed, their meanings mediated as much by the process of production (who wrote it, with what purpose and whom to?) as that of consumption (who read it and for what purpose?) (Macdonald, 2001, Prior, 2003, Reinhartz, 1991) Thus case files are not only interesting because they contain demographical and historical information about individuals, but also because they tell something about social work practice and the interaction between social workers, service users and social and political systems.

The use of case files as research data has some limitations (Garfinkel, 1967, Hayes and Devaney, 2004). As Garfinkel (1967) notes, using data from case files incurs a 'normal, natural trouble' in that the information which has been recorded will depend on the time available and the intended use. Information on case files is recorded not for research purposes and therefore the researcher may deem the information incomplete or contradictory, however for its original purpose it is adequate. It can be time consuming to consult the files due to their length and legibility; files can be incomplete and present contradictory data which cannot be verified (Hayes and Devaney, 2004, Macdonald, 2001) These problems should not detract from the fact that social workers' case files provide a rich source of information not only about the young person, but also about social work practice in general. The case files also provided a more detailed history of social work intervention for the young people and their families than the interviews alone could have provided.

4.4.3 Interviews

Interviews were seen as the best way in which to find out about individuals own perspectives on HSRs. Robson (2002) affirms that interviews are the most appropriate research method when the research focus is on meanings attributed to the study topic by participants; and the research relies on historical accounts of how a particular event has developed. Interviews provide a focus on the individual and on their perspectives, and an understanding of the social context in which participants are located (Ritchie, 2003). Harden et al., (2000) assert that interviews can help participants to make sense of their own experiences and context. The flexibility afforded by this method therefore allows participant to elaborate on topics which are of importance to them. The flexibility of interviews also allows for the production of in-depth and interpreted understandings of the social world. The result is an intricate understanding of social phenomena which may contribute to the development of policies which are more in tune with the individuals affected by it and the complexities of social work practice (Ezzy, 2002, Snape and Spencer, 2003).

Interviews were conducted face to face with young people, their parents and social workers. I used a life history approach as I wanted to gain an insight into participants in order to provide a biographical account of their experiences, describing how things have changed over time and the impact this has had on their sense of self, identity and personal history (Macdonald, 2001). These interviews were semi-structured, allowing some flexibility for participants to explore topics which they perceived as being of importance for the research and my understanding of HSRs. This consisted of an interview script with set questions around four topics: experiences immediately before the young person became subject to a HSR; what happened while on a HSR; experiences at the Children's Hearing; and what was going on now⁹. As the research progressed I found that having probing questions in the interview script was somewhat constraining as participants' experiences were very diverse and the story they wanted to tell me did not always easily fit within these questions. I have therefore developed a more flexible, unstructured approach focusing around the four

⁹ See Appendix 3.

topics aforementioned. This approach allowed the participants to tell the story which was relevant to them and allowed me to follow up on interesting issues arising from their narratives (Robson, 2002).

Self report data, such as data produced during the interview encounter, can provide information that would otherwise be inaccessible to an observer; such as information about feelings and attitudes. One of the drawbacks with self reported data is that it might be influenced by the perceived social desirability of answers. Moreover participants' narratives do not produce one coherent, unitary picture of the situation but fragmented and often contradictory accounts. Meanings and interpretations are not objects but actions performed by individuals with a variety of purposes within any given context. The fluidity of meanings and interpretations results in their content being often disputed. Thus while the focus on meanings and interpretations is one of the greatest resources for qualitative researchers who strive to establish the relationship between variables in order to contest, modify or confirm pre-existing theories, it is also one of its greatest challenges.

One of the classic arguments against face-to-face interviews is that they are more likely to produce biased responses than when there is no interaction between the researcher and participants (Robson, 2002). As observed above however all types of data will suffer from some form of bias as all information used in research is the product of many actions and re/inter-actions rather than an immutable object which can be measured. It is therefore crucial that researchers make explicit the values and principles guiding the research process and the various decisions made throughout this process in order to allow readers to make up their own minds about the validity, of the findings – validity being understood here as 'well grounded' processes (Ritchie, 2003).

4.4.4 The life grid

I decided to use the life grid approach with young people because I wanted to ensure that they would feel at ease with the interview situation. It has been noted that children's and young people's disadvantaged position in society and the power

imbalance between adult-researchers and child-participant results in this group of participants feeling less able to express their views as they are not usually asked for them (Harden et al, 2000; Punch, 2002). Research with children and young people have therefore often used task-centred research techniques. These techniques are often used in conjunction with other methods, to facilitate the interaction between the researcher and the children and young people taking part in the research (Harden et al, 2000; Punch, 2002; Wilson et al, 2007). Wilson et al. (2007) for example used the life grid technique in their study of young people (16-23 years old) affected by a history of parental substance misuse. They “found that the life-grid was instrumental in ‘breaking the ice’ at the beginning of the interviews, and that it afforded respondents a degree of control over the disclosure of sensitive issues” (Wilson et al., 2007: 140). The life-grid was therefore used before the interview in order to facilitate and stimulate conversation.

Secondly, and related to the first one, was that I was interested in finding out how young people made sense of their own life-histories, but simultaneously being concerned that talking about the past might be challenging and traumatic for some of the young people. The life-grid allowed the young people to provide a biographical representation of their lives whilst providing them with some control over the topics being covered during the interviews (Ritchie, 2003: 36).

4.4.5 Triangulation of methods

It has often been argued that the triangulation of methods can act as a check on the credibility and utility of results, therefore increasing the validity and reliability of the research (Blaikie, 2000, Ezzy, 2002, Macdonald, 2001, Ritchie, 2003). However, the notion that the triangulation of many methods can provide a coherent and stable picture of ‘the Truth’ ignores the fact that different tools of data collection will produce types of data which may not be easily aggregated and that meanings and interpretations are socially constructed (Reinhartz, 1991, Ezzy, 2002, Ritchie, 2003).

Ritchie (2003: 44) have argued “the ‘security’ that triangulation provides is through giving a fuller picture of phenomena, not necessarily a more certain one.” Thus,

while I agree with Cheetham et al., (1992) that a multi method approach is most suitable to the study of social work practice due to its complex, conflicting and often contradictory aspects, it is important to highlight that different methods will produce data which is also complex, conflicting and contradictory. Amalgamating this data to tell a coherent story is not a straight forward task, however. I found that rather than producing a more coherent picture of the phenomena being studied, the multiple perspectives often produced contradictory versions of the same story.

4.5 The fieldwork process

The field work process began with planning where and with whom to conduct the research. Once these decisions were made I negotiated access to participants and data so that I could start interviewing and consulting case files. Interviews and consultations of case files took place between February and October 2009. The following sections describe this process in more detail.

4.5.1 The locale of research

The research was carried out in a relatively large urban local authority in Scotland, referred to from herein as Thistle city. Thistle city has a thriving economy but large pockets of deprivation remain. It is therefore quite similar to other cities of similar size in Scotland.

Thistle city was chosen as the locale for the research for a number of reasons. First and foremost, I opted to carry out my research in this local authority for practical reasons. This is the area which I am most familiar with and where I could travel to and from various appointments with ease. This local authority is also representative in terms of its 'looked after' population with Thistle city's statistics for 'looked after' children reflecting the national averages in terms of the number of 'looked after children' in relation to the total child population, gender and age distributions, types of referrals, and so on (Scottish Government, 2007, 2008a, 2010).

Due to the practicalities of conducting doctoral research on a tight budget and as a sole researcher, I decided upon recruiting young people from a single local authority

as this would require less travel time and expenses. This has proven to be the best option as during the field work I often had to travel to participants' houses or place of work on a number of occasions. In a few cases it took four trips to the participants' house or place of work before being able to speak with them.

Another reason which influenced my decision to focus on one local authority was that I was conscious that negotiating access to social services clients and data can be a lengthy and complex process (Hayes and Devaney, 2004, Heath et al., 2007, Roesch-Marsh et al., 2011). For example, Hayes and Devaney (2004), in relating their experiences of accessing social workers case files in a local authority in England, warn about the possible delays in negotiating access with local authorities due to the lack of clarity about roles and responsibilities amongst the gatekeepers resulting in great confusion about whose approval the researcher should seek. By focusing on one single local authority I hoped to minimise these unanticipated complexities. Nonetheless, as I have noted elsewhere (Roesch-Marsh et al., 2011), negotiating access with this local authority presented a number of challenges. I will be further exploring this point when considering the process of negotiating access.

4.5.2 Identifying informants

The broad aim of this research was to understand how different stakeholders make sense of HSRs. HSRs are imposed on children and young people thus they were to be the focus of the research. As children and young people remained at home it was also crucial to talk to their parents about their experiences of what it was like to have a child subject to a HSR and the impact this may have on them and their relationships. The other key stakeholder to include here were social workers as they are, as the local authority representatives, responsible for the implementation of the conditions imposed by the Children's Hearing. I initially thought about including Panel Members as well, however, as the focus of the research was on experiences of HSR rather than on the decision making process I later decided against this idea.

Children's rights to be consulted are now recognised both nationally and internationally following the ratification of the United Nations Convention on the

Rights of the Child (UNCRC) by all but two countries – USA and Somalia. Article 12 of the UNCRC establishes that:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

In Scotland, the 1995 Act also emphasises at various points that children's views should be taken into consideration.

Despite an increased acknowledgement, both in practice and policy, that children and young people should have their views and opinions taken into account when decisions about them are being made their voices are often missing from social work practice and research (McLeod, 2006, 2007, Prout and James, 1997). Leeson (2007) argues that this disparity might be due to the fact that listening to children is not a straight forward task and requires skills and time which many professionals responsible for 'listening to children' do not have (Leeson, 2007). Moreover, listening or not listening also reflects a power relation and listening to children and responding to them implies a challenge to dominant power relations of adults over children (Punch, 2002). It may also be due to the fact that children are considered to be a particularly vulnerable population due to their perceived lack of maturity and the contemporary understanding of childhood as a time of innocence to be protected against the adult world.

As noted in Chapter 3 there has been a growing critique of this view of the child as lacking in capacity or maturity and an increased recognition of children as capable and independent social actors, with an emphasis on increasing children's participation and collaboration (Christensen and James, 2000, Ennew, 1994, Harden et al., 2000, Jenks, 2005, Prout and James, 1997, Smith, 2012). Following on from this perspective I take children to be competent experts on their own lives and that their accounts and interpretations of social phenomena should always be sought in the production of social theory. I believe that assumptions made about one's ability to take part in research based solely on age are misguided. It ignores that children are

competent and assumes that all children follow the same paths towards maturity and adulthood.

It had always been my intention to follow a participatory approach and to include children young people as much as possible at all stages of the research process in order to generate theory which could inform and change policy. However, the complex ethical procedures regulating research with children meant that many decisions had to be made before I could even identify a sample, excluding participants from the initial decision making stages.

I have chosen to focus the research on young people aged between 12-15 years old who were subject to a HSR for at least 12 consecutive months at the 31st of December 2008. The focus on this age group was guided by two considerations. First, most referrals to the Reporter are of 12 to 15 years old (SCRA, 2007a, 2008); and this have consistently been the largest group of looked after children in Scotland (Scottish Government, 2007, 2008a). They are also more likely to be subject to HSRs with 38.8% of all children subject to a HSR being 12-15 years old (Scottish Government, 2007, 2008a, 2010). In practical terms therefore it made sense to focus on this age group as their greater representation in the total looked after population meant I had a larger group to facilitate recruitment.

The other reason to focus on this group is to raise the question of why 12-15 year olds are more often referred to the reporter and being subject to HSRs. Are HSRs more suitable for this age group than for younger or older children?

To answer some of these questions it would have been useful to also recruit a group of younger children so that their experiences could be compared and contrasted in order to better understand the reasons why young people are more likely to be subject to HSRs. There were some concerns however that including younger children might cause further difficulties in negotiating access with the local authority and SCRA. As noted in Chapter 2 it seems that, due to some confusion with regards the wording of the 1995 Act, many assume that *only* children who are 12 or over can

participate in research, an assumption made by different professionals I spoke with throughout the research process. This view is highly problematic as it justifies the exclusion of younger children in research solely based on their age and assumptions made about their capacity. Considering that most children subject to a HSR are over 12 the exclusion of younger children in here might be justifiable in this term but future research should consider the inclusion of younger children.

Including older children in the research was also considered. However, there is some evidence to suggest that SRs are often terminated just before young people reach school leaving age. Thus it was felt that it might be difficult to reach young people aged 16 or over as once SRs are terminated contact with social services might be lost. In the end, a 16 year old boy was included in the sample as his social worker indicated that he was willing to participate in the research.

Young people who are subject to a HSR cannot be found within one single location, as in the case with children who are placed in residential care for example, and I was not aware of any organisation which offered services specifically for children subject to a HSR and whom I could approach in order to recruit participants. This made the identification and recruitment of a sample somewhat difficult.

Previous research with 'looked after' children recruited children and young people through their social workers (McLeod, 2006, Murray et al., 2002b, Triseliotis et al., 1995). There is some evidence to suggest, however, that only those young people who have good relationships with their social workers and who are considered to be 'mature' enough to take part in the research would be considered by professionals as suitable participants (McLeod, 2006, Triseliotis et al., 1995).

I have therefore asked SCRA to identify all young people aged between 12-15 years old who were subject to a HSR in Thistle city for at least 12 consecutive months at the 31st of December 2008 and to forward them information packs about the research. By asking SCRA to send information directly to young people I had hoped to avoid consent by proxy where adults would deny young people a right to say

whether they wanted to participate or not. Moreover, some young people who are subject to a HSR might not have a social worker and would therefore not be asked whether they would like to participate or not. Despite my best efforts of avoiding consent by proxy, in the end it was adults who decided whether young people would take part or not as I had to negotiate access to young people through a number of gatekeepers, from parents to the local authority.

Parents and social workers were to be selected in relation to the young people and the intentions was to interview the parent and social worker for each young person, and to gain access to their case files. This was not always possible and in the end there were seven cases where I had the full set of interviews and access to the case files; and another five where some information was missing.

4.5.3 Negotiating research access

Once the decisions about where to conduct the research and who to consult with had been made I started negotiating access. I expected that a request for access to this population was likely to be met with some resistance from gatekeepers since it has been observed that research access procedures are particularly rigid when the researcher wants to conduct research with so called ‘vulnerable’ populations, such as ‘looked after’ children (Butler and Williamson, 1996, Christensen and Prout, 2002, Leeson, 2007). Gatekeepers “are those who control access to data and to human subjects” (Homan, 1991). Gatekeepers here included: the local authority, SCRA, professionals and parents. The description which follows might give the impression that negotiating access is a one off process that is carried out at the beginning of the research. This is certainly not the case and research access has to be understood as an ongoing process which had to be negotiated and re-negotiated throughout the research process.

The initial stages of this process involved negotiating access with the local authority and SCRA. Both agencies had procedures in place to regulate researchers’ access to data, their clients and employees. These procedures are in place to guarantee that

research is conducted in an ethical manner and to protect research participants from any harm that may arise as a consequence of taking part in research.

Negotiating access with SCRA was relatively simple. The person over viewing my research at the Scottish Government put me in touch with one of the researchers at SCRA who asked me to write a formal request detailing exactly what information I required and what other resources they might need to provide in order to send the research information to the young people and their parents. I provided this information in writing in June 2008 and within a week SCRA replied agreeing to:

- Identify and send letters on my behalf to all young people aged between 12 and 15 years old who were subject to a HSR with parent *or* relevant person¹⁰ for at least 12 months in Thistle City at the 31st of December 2008;
- Provide anonymised information about the history of involvement with the Children's Hearings for all young people fitting the above criteria. This was to include, for each young person: date and type of all referrals made to the Reporter; and type, start and end date of all Supervision Requirements (SRs) issued by the Children's Hearings;
- Forward individual information packs about the research to all young people and their parents/relevant person;
- Send reminder letters to all young people and parents a month after the information packs were sent.

It is likely that the ease with which I manage to negotiate access to SCRA data was due to the fact that my initial contact with the research team was facilitated by the Scottish Government. As I have discussed elsewhere (Roesch-Marsh et al., 2011) access can be facilitated by the use of informants and other contacts who may introduce the researcher to the gatekeeper and thus provide a point of reference from a reliable source as to who the researcher is and to whether her motives are sincere or not.

¹⁰ The 1995 Act (s. 93 (2) (b) defines a relevant person as (a) any parent enjoying parental responsibilities or parental rights; (b) any person in whom parental responsibilities or rights are vested by, under or by virtue of the Act; and (c) any person who appears to be a person who ordinarily (and other than by reason only of his employment) has charge of, or control over, the child. My sample therefore included young people who are subject to a HSR but who might no longer be living at home. SCRA has its own research team, so they were well aware of research requirements, scope and limitations.

Negotiating access with the local authority was not as straight forward and took slightly longer than anticipated. The first challenge was to identify the office or person within the local authority with whom I should discuss my research plans and request permission to access social services' users, social workers and case files. I had expected to find such information (i.e. who to contact if you are interested in conducting research in or with the local authority) on the local authority's webpage. This was not the case and I had to resort to my supervisor's personal contacts to identify whom to contact.

Once this person was identified I contacted him and was sent the Research Access Questionnaire for the Children and Family Department of Thistle city. Some of the information required in Research Access Questionnaire was unclear resulting in some anxiety about how to best address these sections. I worried that if I did not provide 'the right answer' research access would be denied. The person I had contacted at the council was unable to assist me with any queries; but fortunately other colleagues who had gone through the same process before were able to assist me in completing the questionnaire.

I returned the questionnaire at the beginning of November 2008 and did not hear anything back from the council until mid-January when I asked my supervisor to contact his colleague to check on the progress of my request. Two weeks later I received confirmation that the local authority had accepted my request and I could proceed with the field work. In retrospect I realise I did not have such a long time to wait for this confirmation. At the time however, this created a great deal of anxiety as I feared that I might not be able to proceed with the research. It would have helped to be informed of the progress of my request but with limited resources local authorities might not be able to cater to the needs of researchers.

As well as negotiating access with these agencies, I also had to negotiate access with parents and social workers. As noted before, despite my best efforts of avoiding consent by proxy in the end it was adults who decided whether young people would take part or not. When I asked SCRA to identify and send separate information packs

to young people and their parents I had hoped that a) young people would be able to decide for themselves whether to participate on the research or not; and b) this would avoid having professionals deciding who would participate in the research. However, as I shall be further discussing when considering the recruitment strategies used in this research, this did not happen. In all but two cases interviews with young people were arranged by adults – be that parents or social workers.

Access to case files was also less straight forward than I had originally envisaged. Initially I had planned to use the returned participation forms included in the information packs as proof that both young people and their parents had agreed to take part in the research, including giving me access to their case files. However, as the participation form did not make it explicit that I wanted to access the case files (this information had only been included in the information sheet) the local authority requested that participants should be asked to sign a second consent form where it clearly established that they agreed to allow me access to their case files. This was not an issue and those who had agreed to participate through the opt-in option did not mind signing in a second consent form. What was interesting is that at no point I was asked to show these consent forms before being given access to the case files.

Access to case files also had to be, to an extent at least, negotiated with social workers. In some cases social workers allowed access only to those files which they had ‘produced’. They believed it was unethical to allow me read case files produced by previous social workers allocated to the case without their consent. The issue of authorship and ownership of the information contained was one which I had not foreseen and did not know how to respond to. I decided not to contest the social workers judgement as I feared that might make them less willing to assist me.

4.5.4 Ethical considerations

Ethical considerations are a key preoccupation of any social research. According to Alderson (2004: 99) “[e]thics are about helping researchers to be more aware of hidden problems and questions in research, and ways of dealing with these, though they do not provide simple answers.” There are a number of professional guidelines

to help social researchers be ‘more aware of hidden problems’ and ‘ways of dealing with these’, such as the British Sociological Association (2002) and the Social Research Association (2003). As Wiles et al (2005b) note these professional guidelines are not enforceable but operate on a voluntary basis under the principle that researchers will respect individuals’ rights, respect and protect them from harm. They are also purposefully vague in order to allow for flexibility. They do not, therefore, ‘provide simple answers’.

With the publication of the *Research Ethics Framework* by the Economic and Social Research Council (ESRC) an increasing number of universities and research organisations now have processes in place to ensure that all research is subjected to an ethical review (Wiles et al., 2005b). The University of Edinburgh’s School of Social and Political Studies has its own Research Ethics Policy Procedure to ensure that all research complied with the School’s ethical principles. I completed an ethical review level 2. This was submitted in October 2008 and met with the Ethics Committee’s approval.

As aforementioned children are considered to be a particularly vulnerable population and their participation in research often has to be negotiated with a number of gatekeepers (Leeson, 2007). Their vulnerability is linked with their perceived lack of maturity and ability to make decisions. This conceptualisation of vulnerability is problematic as it underestimates individuals’ agency (Löfman et al., 2004) and autonomy (Alderson, 2004). It is also problematic because it implies that only adults can correctly express what children feel and think.

Christensen and Prout (2002) question this emphasis on the association between children and ethics and argue that this implies accepting and reinforcing implicit differences between children and adults. They argue that ethical considerations should not make a distinction between adults and children, as this is based on the assumption that children as objects, rather than participants. They call for ‘ethical symmetry’ where “the researcher takes as his or her *starting* point the view that the ethical relationship between researcher and informant is the same whether he or she

conducts research with adults or with children.” (Christensen and Prout, 2002: 482) They go on to argue that for ethical symmetry between adults and children to exist children’s interests have to be taken into account during the research process. This is achieved through an open dialogue with children involved in the research process.

4.5.4.1 Informed consent

The issue of informed consent has been one of the key points of contention in research, but particularly in research with children. Homan (1991: 69) explain that “The essence of the principle of informed consent is that the human subjects of research should be allowed to agree or refuse to participate in the light of comprehensive information concerning the nature and purpose of the research”. Although in principle this seems as a straight forward aim, in practice informed consent is not so easy to achieve. Homan (1991) for example, argues that true informed consent exists more in rhetoric than reality. There are a number of practical reasons why this might be the case. For example, the researcher might not be able to tell the participant how the information they provide will be used as the aims of the research might change over time.

In their review of the literature on informed consent Wiles et al (2005a, 2005b) found that one of the key difficulties identified with regards to the idea of informed consent relates to the provision of information – the question is what to provide, how much and when. I have sought to provide as much information about the research as I could to my participants. I have sent young people and their parents letters of introduction¹¹ and leaflets¹² detailing the research aims and objectives; what research participation would entail; how I planned to use the information they provided me; and who was funding the research. Social workers were sent an email with the same details. All stakeholders were encouraged to contact me and ask further questions about the research and, to the best of my knowledge, the information I provided initially was complete and accurate. As the research progressed and the focus of the

¹¹ See appendix 1

¹² See appendix 2

study shifted the information provided at the beginning was less complete and accurate and I would have liked to contact my participants mid way through the analysis to inform them of any changes, as well as to seek their views on my findings. This was a shortcoming of my research design as I did not build in time to 'check-in' with participants after the interview and during the analysis process. However, considering the difficulties I had in arranging meeting with young people, parents and social workers I am not sure that it would have been possible, or appropriate, to contact them again.

The leaflets also indicated that as a token of my appreciation participants would receive cinema vouchers (young people) or supermarket vouchers (parents) for their time. The ethical implications of offering participants some form of compensation for their time have been a topic of contention. The key question being whether offering incentives to participation is exploitative or simply recognises the value of someone's time and efforts (Homan, 1991, Thompson, 1996, Wiles et al., 2005b) Homan (1991) for example argues that payment may influence participants in taking part thus exercising some 'undue' influence on the decision to take part. It may also increase the likelihood of socially desirable answers as participants might feel that if they do not provide the 'right answer' they will not receive the promised reward. I believe however that in agreeing to give up their time to help me, and considering that the findings of this research will have little direct benefits to the participants, the minimum that I could do to thank them was to offer compensation for the time they spent with me.

Social workers were not offered any compensation for their time as interviews took place at their work place during office hours. Some social workers questioned this decision as the time they were giving up during their working day to talk to me would have to be replaced somewhere else along the line. This is a valid observation, however, due to budget constraints, I could not offer social worker any vouchers.

Another issue with regards informed consent is whether to obtain signed consent. Wiles et al (2005b: 15) found in their review of the literature on informed consent that many researchers view it as important:

“The advantages of using signed consent forms are seen to be that they increase the likelihood that participants understand what participation will involve and what their rights are in relation to participation and issues of confidentiality and anonymity. Furthermore, signed consent forms are seen to protect the researcher from later accusations from study participants.”

It is debatable whether asking participants to sign a consent form will automatically guarantee better understanding of what participation will involve. People might sign documents without fully understanding them and I found that when I asked participants to sign the consent form prior to the interview they spent little or no time reading it. This might be because they had already had information sent to them before the interview, and I also spent some time repeating this information before the interview started; however to say that signing the form results in a better understanding of the research is debatable.

The key role that these consent forms fulfilled was in facilitating research access and protecting myself, as well as the organizations which were involved in the research (i.e. the university, SCRA, Thistle city), against future litigation. Although signed informed consent is not required by law the local authority was adamant that I had to obtain signed consent from all participants before being able to gain access to participants and data.

Initially I wanted to first gain the consent of young people to then contact their parents and social workers. In practice, I had to negotiate access and gain consent from a range of adult gatekeepers before I could even contact young people. In his discussion of informed consent, Homan (1991) observes that the paternalism shown by professionals when deciding who may, or may not take part in research projects on the basis of what is in the best interest of their clients is rather problematic. It may exclude a significant population whose knowledge of the phenomena under study is unique and assumes that professionals always know what is in the best

interest of their clients. It also begs the question of whose interests are being protected – those of the clients or those of the professionals that feel that certain practices should not be scrutinised by the public. Thus, it may be that the bureaucratic mechanisms that have evolved to protect children and young people may be rendering them more vulnerable by further silencing them.

4.5.4.2 Confidentiality and anonymity

The Data Protection Act 1998 sets out rules governing the collection, recording, storage and disclosure of personal information. Participants were informed that information disclosed would be kept confidential and stored in a secure place. They were reassured that all names and identifying information would be removed from the transcripts in order to protect their identity and privacy. Young people were asked to identify pseudonyms for themselves and their parents. In nine out of 10 cases they agreed to do so. In the three cases (two where I was unable to interview young people) I selected anonyms for young people and their parents. I also selected anonyms for all social workers.

Personal information should only be used for the purposes for which it has been originally collected, and it should only be disclosed under lawful conditions to authorised individuals (McRae, 2006: 91). There are a number of exceptions to these rules. One of such exceptions is the legal requirement to disclose information which can protect a vulnerable person from harm (McRae, 2006) Scottish Executive (2003) guidance indicates that if evidence that a child is, or may be at risk of harm, emerges this should be disclosed, regardless of professional or agency requirements for confidentiality. Young people and parents were informed that if any information disclosed suggested that a child was, or may be at risk of harm, I would have to pass on the information to the social worker. They were reassured that before this action would only be taken after discussing any concerns with them first. This situation did not arise as young people and parents did not disclose any information which was not already well known to social workers.

4.6 Recruitment phase 1

Once access had been approved by the two institutional gatekeepers I started the process of selecting and recruiting young people to participate in the research. As aforementioned SCRA agreed to identify and send letters on my behalf to all young people aged between 12 and 15 years old who were subject to a HSR with parent *or* relevant person for at least 12 months in Thistle City at the 31st of December 2008. SCRA identified 98 young people who fitted the criteria. Young people in this sample were included who were subject to a HSR and living with a parent/relevant person; but it excluded young people who were subject to a SR under section 25 of the 1995 Act. Initially I wanted to include only young people who were subject to a HSR and living with a parent; however, the SCRA data did not make a distinction between those young people who were living with a parent or other relevant person.

Information packs were sent to all 98 young people and their parents or relevant persons. In one case the information pack was returned to SCRA without having reached the young person and her or his parent. The family, it transpired, had moved and SCRA did not have a record of their new address. A month later reminders were sent to all families that had not replied to me.

The first information packs were sent in February 2009. The information packs included a:

- letter where I introduced myself and briefly explained the aims of the research¹³;
- leaflet explaining the aims and objectives of the research in more detail, why their participation was important, what would happen if they agreed to take part and how they could contact me¹⁴.
- participation form where individuals could indicate whether they would like to take part in the research or not.
- addressed pre-paid envelope detailing where to return the participation form.

¹³ See appendix 1

¹⁴ See appendix 2

My contact details could be found on the back of the information leaflet and in the introduction letters and young people and parents were encouraged to get in touch with me if they had any questions. The contents of the information packs sent to young people and parents were the same; the only difference being the way in which the information was presented. Information to young people was written in more informal language and included pictures and colours to make it more attractive.

Utilising this recruitment method gave participants the option to opt-in to take part in the research. The opt-in approach was preferred as this was perceived to be the most ethical approach because it respects “people’s privacy and free choice.” (Alderson, 2004: 105).

The recruitment process described above resulted in positive responses from eight young people, nine parents and one relevant person. Out of the nine parents who responded one could not be reached and another one was interviewed but later excluded from the sample as the young person had been either in the care of a relevant person or in residential care for the previous five years. Only one parent returned the participation to indicate she did not want to take part in the research. This parent did not indicate her reasons for non participation as there was no such a question on the participation form. Considering that only one person that replied declined participation the omission of this question is not of great importance.

Once participation forms were returned I contacted the local authority in order to identify the social worker managing the case of that particular young person and contact them to seek their agreement to take part in the research and to find out more about the family before contacting them. This was done for ethical reasons as I wanted to make sure I would not add to the stress of families who were likely to be experiencing a number of difficulties as young people were still subject to the HSR. What I found in the end was that those families who responded to my letter were experiencing a level of stability in their lives which might not have been there before. It is likely that families experiencing difficulties would not respond to the letter in

the first place. Of the seven social workers contacted one declined to take part as she was in the process of changing jobs and did not have sufficient time to participate.

As aforementioned, despite my efforts to avoid consent by proxy, in only two cases young people returned the participation form independently from their parents. In another six cases, participation forms for both young people and parents were returned together, with parents signing both forms. In two cases the young person later declined to take part in the research (although one of them gave her consent for me to read her case files).

I now recognise that it was naive to assume that by simply sending separate letters a space would be created for young people to decide for themselves whether to take part in the research or not. In a context where parents (or relevant person) are responsible for the care of their offspring and where statutory and non-statutory agencies require them to make decisions for their children, it is likely that there was no questioning of whether young people should sign the participation form for themselves. Following the usual procedures that parents have to follow when they receive correspondence from school or the social worker for example; they simply filled in both participation forms.

4.7 Recruitment phase 2

As the numbers of young people and parents recruited through the opt-in approach were relatively low a number of agencies and professionals were approached mid way through the field work. As aforementioned this was an approach which I was not fully comfortable with as I felt that it transferred to adults (professionals) the ability to decide which young people may or may not be included in the research effectively negating the right of some young people to participate. However, as the method adopted during the first phase of recruitment had been unsuccessful not only in attracting bigger numbers of respondents but also in avoiding consent by proxy I felt that there was no feasible method with which to achieve my aim to provide young people with a space to make their own decisions.

At this stage I tried a number of different methods with the aim to reach more young people. First, following the advice of one of the social workers, I got in touch with social work district managers. For that I initially contacted the local authority who agreed to forward an email to all social worker's district managers informing them of my research and requesting whether it would be possible to a) inform social workers in their district about my research by forwarding the letter I had provided; and b) let me attend the monthly social work meetings in their district. This email did not generate any response and I made a number of requests to have other emails forwarded to managers. Again, this did not produce any results. It is impossible to know the reasons for this lack of response. I can only speculate that due to time constraints managers did not read my emails and were unable to assist. Perhaps a phone call would have been a more efficient means to get in touch directly with managers, however I worried that 'cold calling' them would result in less, not more, willingness to assist me. Moreover, as an outsider to social work practice and with little knowledge of the organisational cultures within agencies I worried that I might 'overstep the mark' by going directly to managers.

At the same time in which I was trying to contact case managers I got in touch with two agencies (one statutory and one non-statutory) that I came to be aware of through the interviews I had already completed with the young people. Both contacts were opportunistic in that I approached people who worked in those agencies when I met them at a workshop and while conducting a piece of research for another organisation. Both individuals were very enthusiastic about my research and there were a number of promising email exchanges. Unfortunately, one individual could not help due to difficulties in identifying the young people they worked with as being subject to a HSR. The second contact simply fizzled out after a lengthy exchange of emails.

A more productive approach was to ask the social workers who had already taken part in the research to identify other clients who might be interested in taking part; and to forward information about the research to their colleagues. It was through the assistance of these social workers that another four young people and three parents

were recruited. A fifth young person was contacted through his social worker but after speaking to him it became apparent that he had been looked after away from home thus this interview could not be included in the final analysis.

In total 33 interviews were conducted (11 young people, 10 parents, one relevant person, one step-father and 10 social workers). Three out of the 33 interviews had to be excluded from the final analysis for a number of reasons. One young person was excluded because he had never been subject to a HSR. This young person had been recruited through his social worker and it was not until mid-way through the interview that I realised that he had been looked after away from home. As this young person had been so kind in agreeing to talk to me I concluded the interview nonetheless and gave him the cinema voucher. In another case a parent was interviewed after responding to my first letter. During the interview it transpired that the young person had spent most of the previous five years in residential or kinship care and had had little or no contact with the parent. It was unclear how this parent received the letter from SCRA in the first place; however, it may be that while in kinship care the young person was still officially subject to a HSR if the kinship carer was considered to be a 'relevant person'. In another case, a step-father was interviewed as his partner, the young person's mother, would not have agreed to meet me otherwise. I have decided not to include this interview in the final analysis as this step-father knew little about the young person's circumstances.

Such a small sample drawn from one single local authority can be seen as a limitation of this research as the findings cannot be said to be representative of the entire population (Lewis and Ritchie, 2003). I believe however that by providing a detailed account of how the research process has developed (inferential generalisation); and linking the findings of this study with that of other studies and with well established theoretical principles and statements (theoretical generalisation) some inferences can be made (Lewis and Ritchie, 2003, McLeod, 2006). Moreover, all research produces knowledge which will produce theories, and whether this knowledge is generalised or not may not be crucial if one accepts that there are multiple realities producing different research findings. Perhaps most

importantly is that independent of whether the views being represented here are representative or not they still matter (McLeod, 2006).

4.8 The participants

In total there are 12 ‘cases’. The initial intention was to have full cases where the young person, his or her parent and the social worker managing the case would all have been interviewed and case files consulted. This was possible in seven out of the 12 cases. In the remaining five cases at least one element is missing. Due to the small number of participants recruited I have decided to include all cases where I had some information about the young person and/or parent’s views about and experiences of HSR. The table below describes the varying combinations of data available for each case.

Table 4: Participants

Young Person	Age*	Parent/ Relevant Person	Social Worker	Case files consulted
Skye	16	Jamie-Lee	Joan	Yes
Becca	15	(mother)		
K	16	Pam (mother) Bob (relevant person)	Megan	Yes
Ben	13	Sophie (mother)	Alex	Yes
Jimmy	16	Louise (mother)	Martha	Yes
Anissa	14	Tonie (mother)	Nick	Yes
Tom	17	Lorna (mother)	Paul	Yes
David	16	Sheila (mother)	Mary	Yes
Charlotte	14	Tania (mother)	Kate**	Yes
Mr Perfect	14	Sue** (mother)	Greg	Yes
Jane**	15	Caroline (mother)	Martha	Yes
Ross**	14	Alan (father)	Chris ¹⁵	No

*Age at time of the interview

**Have not been interviewed

The young people who took part in the research were all aged between 12 and 17 at the time of the research. There was an equal number of boys (N= 6) and girls (N=6) and all were Scottish white. They had spent in total between 11¹⁶ months and 10

¹⁵ Ross did not have a qualified social worker allocated to his case. Instead, since December 2008 the educational officer, Chris, who had worked with Ross during his last year at primary school was allocated to the case and became the case manager. In order to facilitate discussion when referring to professionals as a group I will be referring to them as social workers; but when referring to Chris in particular I shall be referring to him as the case manager.

¹⁶ This young person was recruited through his social worker and it only became clear to me that he had been subject to a HSR for less than 12 months once I started reading his files. Nonetheless his experience of being subject to a HSR was still substantial and thus I decided to include him in the final analysis.

years subject to a HSR. Five had also experience periods looked after away from home. I will expand on this point in Chapter 5.

Eight of the 12 young people were of school age (i.e. under 16 years of age), of this eight two were attending schools for children with emotional and behavioural problems and two were not attending school at the time of the research. Ten young people were identified (by social workers and) in case files as having social, emotional and behavioural difficulties. These were largely subjective assessments made by social workers and other professionals and only one young person had been medically diagnosed as having Attention Deficit and Hyperactive Disorder (ADHD).

Of the two not attending school David was attending a course offered by Careers Scotland¹⁷ for young people who were no longer engaging with education; while Mr Perfect had to stop attending school due to bullying experienced when his colleagues found out he had been accommodated. A fourth young person was at risk of being excluded from school, while another had been excluded on two occasions during 2007/08. The four young people who had reached school leaving age were no longer attending school and only one was attending a training course. The other three were *not in education, employment or training* (NEET) although they all reported that they were planning or had already applied to college or employment.

Young people experienced a great deal of disruption in their school careers as their families moved house on a number of occasions. All families experienced between two and six changes of addresses between 1998 and 2008. Changes of address were triggered for a number of reasons such as financial difficulties and complaints regarding parental anti-social behaviour. Most frequently, however, changes of address were triggered by relationship break down and domestic violence. Six out of the 10 families in the study had a history of domestic violence and in two of these cases this was ongoing. It may be that this number is even higher as it is likely that domestic violence is under-reported and down-played by parents and young people.

¹⁷ See appendix

All 10 families were dependent on state benefits according to information found in case files and reports by parents. Evidence in four of the cases suggested that families managed reasonably well on these benefits. Managing well on benefits did not mean that families were not experiencing financial hardship. It seems that managing well meant being able to provide for the basic ‘material needs’ of children and young people, but struggled to provide for any extras activities, such as cinema tickets or a holiday trip. Two mothers had part-time jobs – one of which was on a permanent, albeit occasional, basis; and the other was *ad-hoc*. Another four parents reported having full-time and part-time jobs in the past; and one was now retired.

Ten families lived in local authority housing and one in private renting. This is in sharp contrast to national statistics on household tenure which show a marked decrease in social rented accommodation over the last 50 years in Scotland (Scottish Government, 2009b). In 2008 66% of households in Scotland were owner occupied while less than a quarter (23%) were social rented (Scottish Government, 2009b).

Evidence from case files and interviews also indicates that all families had lived, or were living, in poor housing conditions; i.e. houses where there was, amongst other things, overcrowding; dampness; and lack of cooking facilities and heating. Eight families had also experienced periods of homelessness for periods up to eight months. All families lived in the 5-10% most deprived areas in Thistle City (Scottish Government, 2009c).

Families’ composition was often complex and characterised by fragmentation, disruption and fluidity. Information from case files indicated that seven out of the 12 young people were living in lone parent households (five mothers¹⁸ and one father) and three lived in reconstituted households with birth mother and her partner (although one of these young people also spent time in a single-parent household). Only one of the 10 families taking part in the study was a family unit of a married couple with children.

¹⁸ The two sisters, Becca and Sky, lived in a lone parent household; which explains the difference in number – seven young people and six parents.

The fluidity of the family unit meant that young people acquired half and step brothers and sisters along the way. Most commonly young people lived with their mother and a combination of natural brothers and sisters and half brothers and sisters. Ten out of 12 young people were part of a 'large family'. Large families are defined as those with 3+ or 4+ children (Bradshaw et al., 2006). In 2007/08 only 6% of households in Scotland were identified as large families (Scottish Government, 2009b). Stability and continuity of placements is considered to be a key contributing factor to successful outcomes for looked after children (SCRA, 2010a). However the data gathered suggests, young people who were subject to HSRs had little stability – both of places and people.

The picture which emerges is one of multiple, complex and chronic problems not dissimilar from that described by Murray et al (2002) in their study of children subject to HSRs. As Murray et al (2002: 189) noted:

“The lives of many families were characterised by domestic violence, drug and alcohol abuse and offending by parents or the children. Mental health problems particularly amongst mothers were prominent, along with housing and financial problems. (...) These multiple complex and sometimes intractable problems posed a major challenge for intervention and a context in which securing beneficial changes in the life of the child was likely to be a difficult task.”

It is important noting here that information about participants' characteristics was collated from all sources of data available, but mostly from case files. As I shall be further explaining, information in the case files was 'messy' and 'incomplete' and failed to provide a coherent account of young people's biography. The information presented here is therefore neither complete nor an 'objective' account but a representation of the type of information which is often collected on young people who are subject to a HSR and their families.

4.9 Data production

During this next session I will describe how the different methods of data production worked in practice. I will start with a brief description of the data SCRA provided

and how this was analysed. I will then move to an explanation of how I extracted data from case files, the interview encounters and the use of the life grid with young people. This final part of this section will explain how I transcribed and analysed the qualitative data produced.

4.9.1 Quantitative data

As previously noted my objective in secondary analysis of data collected by SCRA was to obtain demographic and historical information from a larger number of cases which could more easily be used and compared with the information already available (i.e. the national statistics on looked after children produced annually by the Scottish Government and SCRA). SCRA provided anonymised data for each of these 98 young people. This included:

- Gender
- Young person's age, date and grounds of all referrals made to the Reporter
- Young person's age and date at the time of the Hearing(s)
- Decision of the Hearing (this could be to make, continue or terminate a SR)
- Type of accommodation (this could be in hospital, local authority home, none¹⁹, with other approved foster parent, other residential placement, with parent/relevant person, with relative/friend [approved foster parent], with relative/friend [other] and residential school)

This data was input into SPSS and analysed to identify the frequency with which young people were referred to the Hearings, etc. I then carried out simple cross tabulations in order to identify, amongst other things, the relationship between types of referral, age and gender.

One of the aforementioned drawbacks in using this data set was that the information on children and young people's involvement with the Hearing System only goes as far back as 2002. Another drawback was that the data was quite limited in what it could tell me about the young people. This was because I had requested SCRA to

¹⁹ *None* could either mean that a decision about where the child would reside had not been made or that the information was missing.

provide information on a limited number of variables; but also because although the data might tell me that a young person has been referred on offence grounds, for example, it did not tell me what this offence might have been. I shall be further expanding on this point in Chapter 5 where I will be presenting the findings of the secondary data analysis.

4.9.2 Case files

As previously noted the objective in reading young people's case files was twofold: first to obtain a historical overview of the case and second to establish whether guidance and regulation were being followed. As a non social worker I had little idea of what these case files contained but had expected them to have demographic and historical information about young people and their families; history of contact with social services and other agencies and the nature, duration and impact of these interventions. These documents provided qualitative information in narrative form about young people and their families. Originally, at least, I had considered these documents as 'objects' – that is, my focus was on what documents said, literarily (Prior, 2003).

Of the 12 cases included in the research I got the consent of 11 young people and nine parents to consult the young person's case files. One young person who declined to be interviewed gave me her consent to read the case files. Additionally, in two cases I was unable to contact parents, however the young person in each case had given their consent of their own accord and I felt this to be sufficient. Social workers agreed with this decision.

I found that the contents of files varied quite drastically. Some of the documents most commonly found were:

- social background reports written by social workers to Panel Members prior to a Hearing

- reports from non-statutory agencies' professionals working with the young person (i.e. Links, Includem, Open Access) written to social workers and/or Panel Members
- reports from school where there were concerns with the young person's education or behaviour at school,
- reports from police juvenile liaison officers (JLO's) when the young person or a family member had been seen by a police officer or had committed an offence.
- Communications from the Children's Hearings, including invitations to, and decisions of the Hearings.

Not only did the information within case files vary but in five cases I only had access to young people's most recent file. In such cases, social background reports were a good proxy for historical information. Often it was difficult to determine exact dates of certain events (i.e. decisions of hearings, time of start and termination of CPR, etc) as there might have been missing documents; events were often not recorded when they had occurred; and/or they were recorded more than once each time stating a conflicting date. It was not possible therefore to establish with any certainty the frequency with which social workers visited the family, or when case reviews took place. Thus, as in Garfinkel's (1967) classical study of medical records I came to realise that the information contained within the files did not provide the answers to my pre-determined questions nor did it contain all the information I had hoped to find.

Case files contained a lot of information about young people, their families, peers and a range of professionals. Some studies have looked at specific time frames of service provision as a way in which to limit not only how much information to gather, but also to facilitate comparison between cases. I felt however that as young people and their families had had a long history of involvement with social services that to focus too narrowly on a specific period would misrepresent their experiences and social work processes. Moreover, as the information from case to case varied I

found that a comparison between the contents of different files would not be possible.

Although at a first glance social work case files seemed messy, incomplete and of little use to my research purpose as I familiarised myself with their content it became clear that the intrinsic meaning of these documents went much deeper than a simple log of events. The context in which these documents were being produced and consumed contributed to the construction of an official image of the young person and the family; social work practice and the interaction between social workers (and other professionals), service users and social and political systems.

Where it was possible to access all case files I found that through a process of selection some information which might be of importance to understanding young people's life histories was omitted at any given point and consequently 'lost'. The history could be 'found' again depending on who happens to be the producer (i.e. social workers, teachers, police) of the document and the situation that was being reported on (for example, a conversation with an angry or co-operative parent produced very different pictures of the individuals in question). The information recorded was a representation of the actual event, with each representation telling a story from the author's perspective. Case files were a 'collaboration' of different authors, writing at different times and sometimes for a different purpose (JLO's are very different from social reports for example). In each of these descriptions the authors' emotions and feelings with regarding the individuals was palpable and it encouraged the reader to accept that interpretation of the young person's and family's situation and actions as being the most reliable one. As I shall be further explaining in Chapter 6 these narratives constructed the subject as the 'entrepreneurial-self' of neo-liberal discourses.

Given the sensitivity and personal nature of the information contained within the files I had to read them at social workers' offices; I could not photocopy the documents, but I could make notes of the information as I read the files. Five social workers were adamant that I should read the files while in their presence, or in the presence of another social worker. In one of these cases, following a number of

failed attempts to meet with the social worker at her office, she agreed that I could have access to case files even if she was not there. While in another two of these cases social workers also agreed that I could have access to files even if they were not at the office. This was allowed after I had visited their offices a couple of times.

One unexpected advantage of reading the case files at social workers' office was that it provided a unique opportunity to observe the day to day dynamics of these offices. This was quite revealing to me as I had no previous knowledge of social work practice. This experience highlighted the stressful character of much social work practice and the importance of good relationships within the practicing teams.

During these visits I also came to realise something about how social services are viewed by society. Social work centres were often hidden away, in shabby buildings not fit for purpose. It was, to me, a reminder that society as a whole do not want to know about these places or the people who frequent them, and see little purpose in them. I could understand how coming to these places might not be a pleasant experience for social workers or service users and pondered about the demoralising effect on individuals and the impact this might have on the interactions that take place in such spaces.

As aforementioned, I initially took case files as 'objects' rather than 'actions' (Prior, 2003). Being unfamiliar with case file content I started by collecting demographic information about the young person and his or her family; as well as history of referrals and contact, services provided and their aims and objectives. As the research progressed I came to see case files as 'actions' and started to think about how case files were creating subjects. Thus, the information produced during the readings of the first files I consulted were much more descriptive than that of files read at later stages of the field work when I had a better understanding of the contents of the files and the information I required. Ideally I would have liked to have gone back to the case files however, negotiating access to those case files with social workers was not straight forward. First, it often took a number of emails and phone calls before being able to arrange with social workers a time to come into their offices. Second, even when social workers agreed that I could read the files when

they were not there I could not come in into the office at any time I wanted as they had to ensure that there was an appropriate space for me to read the files. This was at times highly frustrating but it gave me an insight of the difficulties service users experienced when trying to reach their social workers as often described during the interviews.

Another issue that arose from my inexperience as a researcher, and limited knowledge of social work practice, was that in my research access application to the local authority I only requested access to case files, not realising that case notes were not included within these. Case notes are records of everyday interactions between the young person, the family and social services. Case notes used to be handwritten and kept within the case files but are now kept in electronic format. In some cases, social workers believed I should have had an agreement for access that covered both case files and case notes. There were also cases where the social workers were happy to provide access to case notes, however, as this would require access to a computer this was not possible as there were no spare computers available. I subsequently gained access to the case notes for three young people. These provided a detailed account of social services day-to-day involvement with the family and social workers' practice. It was unfortunate that I did not gain access to case notes from other cases as these illustrated that much of the day-to-day interactions between social services and families is not recorded within the files themselves. This is significant because these more mundane interactions are likely to have a significant impact on how the different stakeholders perceive and experience HSRs.

Another significant point concerning case files is what the records do not tell. The absence of the young people's and their families' voices in these accounts of their lives was quite remarkable. I shall be returning to this point in Chapter 6.

4.9.3 Interviewing young people, their parents and social workers

The purpose of the interviews was to explore young people's, parents' and social workers' views about and experiences of HSRs. I adopted a semi-structured approach to allow for some flexibility of the topics covered in the interview. As aforementioned this consist of an interview script with a set questions around four

topics: experiences immediately before young person being subject to a HSR; what happened while on a HSR; experiences at the Hearing; what was going on now (see appendix 2).

At the same time I wanted to allow for some flexibility, I also wanted to make sure that I had the answers to my questions covered and so I spent a considerable amount of time in the months preceding the start of the fieldwork carefully designing each question included in the transcript. Retrospectively I realise the contradictory nature of my quest for flexibility and control. This need for control derived partly from text books description of the conventional relationship between researcher and interviewees as one where the researcher must extract just enough information for the research purpose (Thompson, 1996). I believe however that my desire for control was not simply that I needed answers to my questions but also because, as a novice researcher, I felt unprepared for the interview encounter. The interview script served therefore as an emotional clutch – providing some security in a situation which felt very much like diving into the unknown. Although I had used interviews before, it would be my first experience interviewing young people and social workers.

However as the field work progressed I felt less of a need for this clutch and interviews followed a much less structured approach. The conversations were structured around the four aforementioned areas. A less rigid approach was better suited to the varied experiences of my informants.

Interviews varied considerably in length and in ‘quality’. Interviews with young people tended to be the shortest lasting between 25 minutes and just over one hour. Interviews with parents were the longest varying between one hour and two hours. Interviews with social workers were lasting between 45 minutes and one hour and a half. The shorter interviews, with Anissa and Ben, provided very little in terms of narrative about that young persons’ views and experiences about HSRs. This may be due to the fact that Anissa and Ben were both interviewed at home. This raised a number of questions with regards to the appropriateness of carrying out interview with young people while parents were present. I again revisit this point later on in this section.

Since interviews with young people were generally shorter I initially felt that, as an interviewer, I had failed – failed to engage appropriately, to create rapport, to ‘extract’ information from them which would provide the answer to my questions. This ‘failure’ was particularly troublesome because I wanted, felt it was my duty even, to ‘give a voice’ to these young people. However, as I pondered about this perceived failure I came to realise two things. First that these ‘failed’ interviews had a lot to tell me about what the interactions between social workers and these young people might be like and the difficulties social workers might have in representing the views of young people in reports, as requested of them – I shall return to this point in Chapter 6. Second that the idea that I can, or should, ‘give a voice’ to young people is misguided. They already have a voice - we are just not listening properly to what they have to say. Their silence is a reflection of that – it is a technique they use in order to protest against adults being ‘nosy’.

The interview encounter invariably started with a reiteration of research aims and objectives; what participation would entail; how the information would be used, and a reassurance about participants’ right to withdraw at any time and only answer those questions they felt comfortable with. Before starting I double checked whether they still wanted to proceed with the interview.

Participants were given the option to be interviewed at the university, in which case travel expenses would be reimbursed; in their own homes or somewhere else of their choice where they felt comfortable. Giving participants the option of where to be interviewed was one way in which I hoped to make them feel more comfortable and at ease during the interview. Although I understood that these different environments would have some impact on the interview process what I had not accounted for was the impact this would have on me.

Six parents and three young people were interviewed at home (at the request of the parent). Interviewing parents at home was positive in a number of ways: it was a space where they felt comfortable in; they did not have to travel to and from an interview location; and they could decide how to arrange the environment. This in fact ended up being an issue as in some instances parents would leave their television

sets on (in which case I asked them to turn down the volume) or answer the telephone during the interviews. As I was being invited to their houses I felt it was not appropriate to ask parents to turn off the television or not to answer the telephone.

From my point of view, going to the families' home helped me to gain an understanding about another aspect of their lives; but it also caused a lot of anxiety. First, finding the places was not always straight forward and many families lived in areas which were quite remote. Second, I also worried that as a single female researcher, and not being from the area, that I would call unsolicited attention to myself. Third, despite contacting social workers before visiting families in their houses to find out if there were any concerns about the family, I felt quite vulnerable going to the house of a family I did not know on my own. I thought about recruiting an assistant to accompany me in these visits but worried that having a chaperone would make the families less willing to talk to me. I also considered a personal alarm system where I could contact a number in case I encountered any difficulties or felt threatened but the one which was recommended to me was only available to social workers registered with this organisation. In order to manage some of these anxieties and to guarantee some level of safety when I went to families' houses I left the address and telephone number of the house with my partner and agreed a time when I would call him. If I did not call him by the agreed time he was to wait another hour before contacting the police.

Interviewing young people at their homes, at the request of their parents, presented a whole set of other problems. As noted, Ben's mother remained in the room during the interview (she did ask Ben whether he would like her to stay or not, to which he replied that he did not mind either way). Later on her partner also came into the room, despite my earlier reminders that the interview should be confidential. In another two cases the parents were not present during the interview but their voices could be clearly heard from adjacent rooms within the house. Moreover, in both cases the parents, other family members or visitors entered the room unannounced while the interview was being conducted. As a visitor who had been invited to their houses I did not feel that it was my place to send parents out of the room. Moreover,

I was afraid of what parents' reactions would be if I had asked them, or others, to leave. I feared that this might compromise any chance to speak to the young people at all. Consequently, I carried out the interviews despite these being a far from ideal environments for young people to talk freely about their past experiences, views and opinions. Perhaps unsurprisingly, young people interviewed at home were quite reticent about their experiences and their responses to my questions tended to be monosyllabic. It is likely that the lack of privacy during these interviews may have contributed to the shorter length of these interviews.

Another three young people and one parent were interviewed at their social worker's office; and a fourth young person was interviewed at the residential unit where he was at the time residing. Interviewing young people and parents in these spaces had advantages and disadvantages. The advantages were that it was a place out with the parental home where young people could (perhaps) talk more freely about their experiences. Also participants did not have to make a special trip to come and see me as I could tie in the interview times with their visit to their social workers. I also felt more comfortable as I was not stepping into the privacy of people's homes. The disadvantages were that the rooms where some of these interviews took place did not offer a lot of privacy (I could hear what people in adjacent rooms were saying) and, perhaps more important, I felt that my interactions with parents and young people in these spaces would perhaps cause them to reproduce their interactions with professionals in these same spaces. I wanted to distance myself from the professional identity as young people and parents often seemed somewhat relieved to find out that I was not a social worker.

I felt much more comfortable when parents and young people came to the university to be interviewed. Two sets of families (Kay and her family and Charlotte and her family) and a third young person agreed to come to university to be interviewed. From my perspective this had a number of advantages. Firstly, it considerably reduced the anxiety of having to go to a new place. Secondly, I could control the environment so that noise levels at the interview room were kept to a minimum; and rearrange the furniture so that there was an appropriate space to place the digital

recorder and to complete the life-grid. This is again linked with the notion of control – the university environment was the one which I had most control of and therefore the place where I felt most comfortable with.

All social workers were interviewed in their work place during office hours. As was the case with the arrangements to read the case files I often found myself attending the social worker centre and finding the person I had arranged the interview was not there.

The interviews produced a vast amount of very rich, in depth information concerning amongst other things, the nature, scope and outcomes of HSRs; the circumstances around which young people become and remain looked after; the relationships that form around the implementation of this intervention and social work practice. Participants' narratives did not, however, produce one coherent, unitary picture of the situation but rather fragmented and often contradictory accounts. I shall be considering to these narratives more fully in Chapter 7.

4.9.4 Using the life grid

The use of the life-grid prior to the interview with young people had been envisaged as a way in which to facilitate their narratives, and my understanding, about their past. I hoped the life-grid would stimulate conversation, but also provide young people greater control over the topics being covered during the interviews (Ritchie, 2003)

All the young people who agreed to be interviewed completed the grid. Using Wilson et al., (2007) as an example the grid used in this study was composed of a table with two axis - one representing the passage of time and another representing significant aspects of young people's experiences.

Table 5: The Life Grid

Age	Where I live	School	Hobbies,Sports And Interests	Who's important to me	Home and Family	Other

In the vertical axis young people could write down their age, either in ascending or descending order. I chose age as a marker of the passage of time as I thought it would be easier for young people to remember when things happened in relation to how old they were at the time, rather than asking for specific dates. The horizontal axis covered five aspects of young people's experiences: 'Where do I live'; 'School'; 'Sports; Hobbies and Interests'; 'Who is important to me'; 'My family'. There was also a sixth column entitled 'Other' where young people could write down anything else that was significant to them and did not fit in with the pre-determined categories. Young people could plot their experiences in the grid by writing them down, drawing, adding pictures or emoticons into the cells. Each area contained a number of related questions to stimulate discussion; and young people were asked to identify the most positive and negative experiences on their lives. For each area there were a number of related questions to stimulate discussion.

The life grid activity always preceded the interview with young people. I started by explaining that I would like them to tell me more about their experiences, either positive or negative, within the five dimensions identified in the grid. Young people were then given a number of options of how to fill in the grid. They could:

- complete it themselves or ask me to do it;
- write, draw and/or add the emoticons and other visual materials (magazines and newspapers) I had provided;
- complete it in descending order (from the age they were at the time of the interview) or in ascending order, and go as far back on time as they wanted; and
- include as much or as little information as they would like.

I was keen to give as many options to young people as possible as I wanted them to feel comfortable and relaxed. This lengthy explanation was provided because I hoped that this would reinforce to young people that they too had control over the topics which would be discussed – albeit always within the constraints of the activity which I had decided on.

This was, however, a lot of information to provide so early on in the interview and in hindsight this should have been shorter. The layout of the grid was quite self explanatory and, as I found out, young people were quite happy to ask questions about the elements which were not clear to them.

Once the grid had been completed, young people were asked whether anything had been omitted and if they would like to add anything further. All young people in this instance replied that there was nothing else they would like to add. I also asked them to identify the most important event in their lives and the most positive and negative experiences they had had. I asked these questions because I wanted to find out how significant the experience of being subject to a HSR was, and how important the events leading up to the HSR being issued, were to young people.

The grid was left in view during the interview as a form of visual cue so I could go back to it to elicit more information about any aspect of young people's biography which might be of interest (Wilson et al., 2007).

As Wilson et al., (2007) I found that the grid was helpful in 'breaking the ice' and that some young people welcomed it as a familiar activity as they had used similar techniques with social workers. It was also the case that most young people did not like writing and asked me to complete the grid for them instead. I felt that young people enjoyed telling me what to add in the grid and this might have helped in diminishing some of the power imbalance between myself, as the adult-researcher; and the young person, as the child-respondent. Unlike Wilson et al., (2007) young people did not raise sensitive issues during the completion of the grid preferring to focus on positive rather than negative experiences.

Young people were often quite reticent about their past experiences, and their effects, if any, on them. They used a number of techniques in order to avoid my questions. For example, while completing the grid they often said that they could not remember events taking place in the not too distant past, with three of the ten young people stating categorically that they could not remember certain events because at the time there was 'a lot of things going on'. Another young person filled the grid only from the ages of 13 – 16 as he did not want to discuss events previous to that date. None filled the grid past the age of eight.

The discussions that took place during the completion of the grid and interviews were audio recorded and fully transcribed in all but one case – Tom did not agree for me to have the audio record on while we talked.

4.10 Analysis of qualitative data

Because of the volume, complexity and contradictory nature of the data produced I experimented with a number of analytical strategies beginning with discourse analysis. Post-theories call for the interrogation and deconstruction of discourses, and discourse analysis focuses on how objective and subjective meanings are produced. Despite the strong influence of post-modern theories in the development of this thesis, and my initial commitment in developing a discourse analysis of the data produced, I soon opted to abandon this approach to data analysis. There were two inter-related factors leading to this decision. Firstly, as the original aims of the research were to find out more about HSRs, rather than on how discourses produce subjects, some of the data collected in the beginning of the field work (particularly from case files) was not suitable for this type of analysis.

Secondly, and directly related to the first one, was that as an inexperienced researcher I had no previous experience of conducting discourse analysis. My initial efforts to follow this approach were therefore not only hampered by the type of the data produced during the fieldwork, but also by the difficulties I encountered in following through a detailed analysis of participants' narratives. It seemed to me that the interrogation and deconstruction of discourse required by discourse analysis

would require more time and skills (both in terms of language use, as well as theoretical understandings) than I had at my disposal at the time.

I therefore opted to follow a thematic, inductive approach to data analysis as this seemed as a more suitable methodology to the type, and amount, of data produced. I was also more familiar with this approach having used it in a previous research project. Deductive analysis is bottom-up, that is, it derives from a close examination of data, in order to familiarise oneself with the content and context in which data was produced. I read and re-read all the information produced during the field work many times over writing notes concerning ideas and themes emerging from the data. In initial readings of the transcripts, analysis was of a more deductive nature, where emerging themes linked with what I already knew about 'looked after' children. This process became progressively more inductive with new themes and ideas emerging and old ones being questioned and discarded. So, while the themes emerging from the initial process of analysis were more descriptive and rigid, in that they were already embedded in some pre-existing theory; the latter stages were more analytical and interpretive.

The analysis of the information produced during the interviews encounters and through the consultation of case files proceeded therefore from an in-depth examination of the information produced and the interpretation and development of ideas and theories. The interpretation of qualitative data is inherently subjective and dependent on how data is produced (i.e. for which purpose, through what methods); where it is produced (i.e. socio-historical context); and who is involved in the production process (i.e. identities of participants and researchers). These interpretations are not, however, arbitrary. They draw from a common pool of knowledge shared by members of the same society. Thus, although they are subjective they are also representative of the particular historical, social, political and economical context in which they were produced.

As a large amount of qualitative data had been produced during the interviews and readings of case files I opted to use a CAQDAS program to facilitate the process of analysis. NVivo8 was mainly used as a 'fancy filing cabinet' where I could easily

code, retrieve and manipulate data (Allan, 1991) . Transcripts of interviews and conversations that took place during the completion of the life grid, as well as the information I had collected from case files were imported into NVivo8. NVivo8 facilitated the process of coding and re-coding the data first into general themes (what NVivo calls Free nodes) and then into more refined codes (or Tree nodes) where I could also start to establish relationships between the codes. As I read the transcripts and information from case files I wrote notes (annotations) that linked directly with that specific passage. I often used these to link interview passages with the notes I wrote about the interview encounter, or to make an observation about something which I should consider later. NVivo has proven to be very useful in the task of organising my data, developing the relationships between different themes and linking these with my notes and observations. Such programmes do not, however, conduct the analysis for the researcher, and it was still my own, as well as participants' subjective interpretations which guided the process of data analysis.

4.11 My role as the researcher

During this chapter I have tried make explicit to the reader what theoretical paradigms, practical and ethical issues have guided my decision in order to inform his or her own interpretations of the data produced here. My interpretations of the information produced during the research process are, as argued above, a result of the particular historical, socio-political and economic contexts in which the information is produced. It is also influenced by my biography and it is likely that someone with even slightly different experiences from mine would arrive at very different conclusions (as well as produce very different data). As Lemke (1995: 4) wrote:

“I am writing from a particular social position, making meanings that are shaped by the kinds of life experiences people in my position tend to have. Whatever I write is written from a viewpoint within the culture and subcultures to which I belong.”

Meaning making is a cultural practice rather than an activity pursued by the individual mind.

My understandings of the phenomena I describe here are shaped by my life experiences as a middle-class, Brazilian woman in my early 30s. These characteristics meant that my experiences more closely related to those of social workers, with whom I shared many characteristics (i.e. gender, age group, socio-economic background). However, as a non-social worker, professionals often saw me with some suspicion. Many social workers I spoke with were of the opinion that as my understanding of social work practice was quite limited, I would not be able to fully understand the context and constraints of their practice. Although they never said so explicitly, it seems there were concerns that I might misinterpret and misrepresent what happened in practice. The risk of misinterpreting or misrepresenting participants' views and opinions is one which I have tried to mitigate by engaging in discussions with two of my colleagues who had extensive experience of practice. However, independently of how much care I took to represent participants' views and opinions as accurately as possible, it is my interpretations of their accounts that I am reporting here.

When I interviewed young people and parents they often assumed I was a social worker. This might have been because, as noted above, I shared many characteristics with social workers. It may also be due to my interest in these families and on HSRs. In the first interviews I carried out I did not mention at the start that I was not a social worker because I did not identify myself with this identity. However, in these two occasions the participants asked me at the end of the interviews if I was a social worker, and seemed almost relieved to learn that I was not. I therefore realised that it was important to provide this piece of information about myself to participants before starting the interviews. I could not say for sure whether not being a social worker had had any impact on how young people and parents perceived me. I can only speculate that they might have given different accounts of their experiences if I was a social worker.

4.12 Conclusion

Within this chapter I have described the processes that have influenced the research design. The decisions made with regards to the research design and methodology were based on the research aims and objectives; theoretical, practical and ethical considerations; and my own personal interests and preferences. I have drawn attention to some of the difficulties I encountered during the research process and the strategies devised to overcome these in order to create a context within which to understand the following chapters where I will be exploring in more detail the data produced and my interpretations of it.

Chapter 5: Young People's Trajectory through the Care System

5.1 Introduction

One of the aims of this research was to describe young people's trajectories through the care system, and in this chapter I will be presenting the findings of the secondary analysis of a subset of the SCRA dataset. I shall also consider some of the characteristics of the care careers of the 12 young people taking part in the study.

5.1.1 Young people looked after at home in local authority A

According to the data provided by SCRA there were 290 children aged between one to 17 years old who had been subject to a HSR for a period greater than 12 months at the 31st of December 2008 inclusive in local authority A²⁰. Of this total, 122 (42%) were girls and 168 (58%) were boys²¹ (see table Table 6). Ninety eight (33%) of the 290 children looked after at home in Thistle city were 12-15 years old (see Table 6). It is to this 98 young people that I shall be focusing on in the following section.

SCRA provided anonymised data for each of these 98 young people. This included:

- Gender
- Young person's age, date and grounds of all referrals made to the Reporter
- Young person's age and date at the time of the Hearing(s)
- Decision of the Hearing (this could be to make, continue or terminate a SR)
- Type of accommodation (this could be in hospital, local authority home, none²², with other approved foster parent, other residential placement, with parent/relevant person, with relative/friend [approved foster parent], with relative/friend [other] and residential school)

²⁰ Under 1s are not included in these figures as they would not have been looked after for over 12 months. These figures also excluded children and young people who are looked after under section 25;

²¹ These are rounded numbers to the whole percentage.

²² *None* could either mean that a decision about where the child would reside had not been made or that the information was missing.

Of the 98 young people (aged 12-15 years old) who were looked after at home in Thistle city 36 were girls and 62 were boys. The gender difference is most salient at age 15 when there were twice as many boys subject to HSRs than girls.

Table 6: Total number of children on HSR in Thistle city between 01/01/08 and 31/12/08 for at least 12 consecutive months by age and gender

AGE GROUP	AGE	FEMALE	MALE	TOTAL
0 – 5		24	33	57
6 – 11		53	60	113
12 – 15	12.	4.	7.	11
	13.	10.	16.	26
	14.	10.	14.	24
	15.	12.	25.	37
16+		9.	13	22
	TOTAL:	122.	168.	290.

} N=98

5.1.1.1 Age at first recorded referral (since 2001)

At the time of first recorded referral to the Reporter young people were between five and 14 years old. Table 7 shows that the first recorded referral for most young people was before their 10th birthday. The mean age of first recorded referral was 8.8 years. This however does not take into account referrals made before the introduction of the RAD system and it is likely that the number of young people referred before their fifth birthday was higher.

Table 7: Age range at time of first recorded referral (SCRA sample)

		Frequency	Valid Percent
Valid	5 or under	2	2.0
	6 - 10 years old	76	77.6
	11 - 14 years old	20	20.4
	Total	98	100.0

5.1.1.2 Grounds of first recorded referral

The first recorded referral for most (N=79) young people in Thistle city was on care and protection grounds. Additionally, there were 18 cases where the first recorded referral was made during the time in which the RAD system was being rolled out

between 2001 and 2002. In such cases (Pre-RAD) a referral was recorded in the new system but the grounds of referral were not. However, as 15 out of these 18 young people were seven years old or less when this referral was recorded it is possible to conclude that these referrals were on care and protection grounds. This is because the age of legal responsibility in Scotland is set at eight years old and children younger than that cannot be referred on offence grounds.

Table 8: Type of first referral to the Reporter

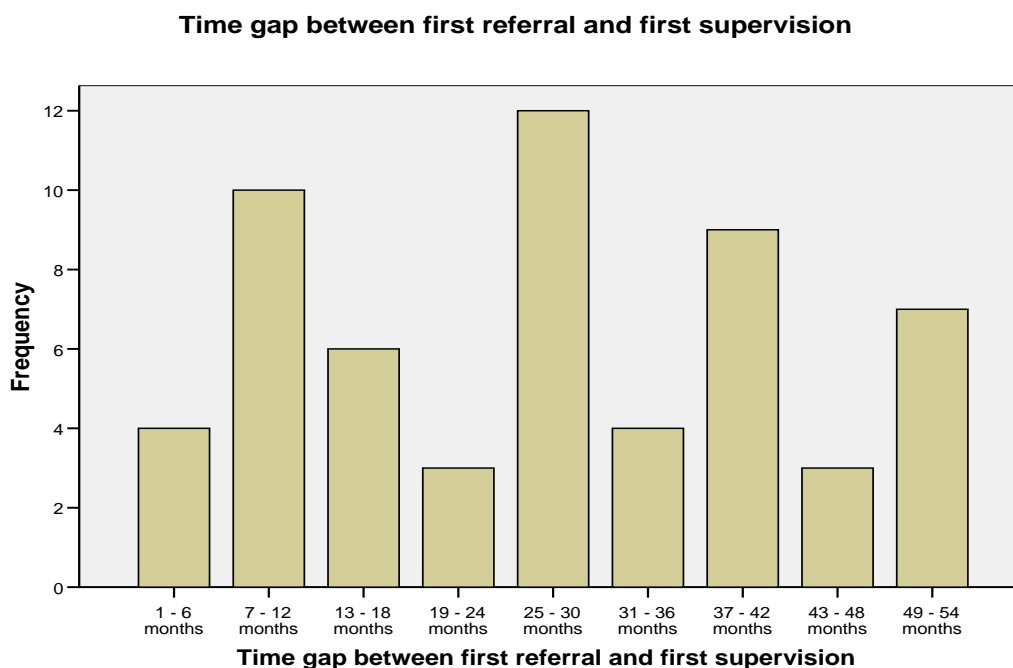
		Frequency	Percent	Valid Percent
Valid	Pre-Rad	18	18.4	18.4
	Care and Protection	78	79.6	79.6
	Offence	2	2.0	2.0
	Total	98	100.0	100.0

The most common (44%) grounds of first recorded referral, amongst the 98 young people, was lack of parental care (ground c). This is for both boys and girls independent of their age at the time of first recorded referral. This is a similar pattern to that found amongst the total population. When taking into consideration all referrals made to the Reporter between 2006 – 2009 the most common ground of referrals was victim of a Schedule 1 offence, with lack of parental care being the second most common ground of referral (SCRA, 2007a, 2008, 2009).

5.1.1.3 Gap between first recorded referral and first SR

In 60% (N = 58) of the 98 cases there was a delay between the time of first recorded referral and first recorded SR. This delay could be anything between 1 to 54 months. In over half of these 58 cases (N=30) the delay between time of first referral and first supervision was greater than two years.

Figure 3: Time gap between first recorded referral and first recorded SR (N=98)



5.1.1.4 Subsequent referrals

Being subject to a SR did not prevent young people from being re-referred to the Reporter. Eighty seven young people accrued between one and 247 further referrals after their first recorded SR (post-2001), with a median of 5.5 referrals amongst them. Most of these referrals were on offence grounds. Again, this is likely to be an underestimation as young people may have been referred to the reporter prior to the introduction of the RAD system at the end of 2001.

Looking at the most recent referrals (up to 31/01/09) for these 98 young people most common grounds of referral were ‘allegedly committed an offence’ (grounds i) (41.8%); ‘lack of parental care’ (grounds c) (26%) and ‘victim of a schedule one offence’ (grounds d) (12%). The high number of referrals on offence grounds (grounds i) might be an effect of the sample, as this age group (12-15 years old) are more likely to be referred on offence grounds; with young people aged 15 years old being the most likely to be referred on offence grounds (SCRA, 2007a).

5.1.1.5 Offence referrals

At the 31st of January 2009 62% of the young people in the SCRA sub-set had accrued one or more referrals on offence grounds. Referrals on offence grounds picked between the ages of 10 and 13 years old. More boys (N=46) were referred on offence grounds than girls (N=15).

Table 9: Age when first offence referral recorded * Gender

		Gender		Total
		Female	Male	
age when first offence referral recorded	8	Count	0	2
		% within Gender	.0%	4.3%
	9	Count	2	1
		% within Gender	13.3%	2.2%
	10	Count	0	7
		% within Gender	.0%	15.2%
	11	Count	2	10
		% within Gender	13.3%	21.7%
	12	Count	6	11
		% within Gender	40.0%	23.9%
	13	Count	2	10
		% within Gender	13.3%	21.7%
	14	Count	3	3
		% within Gender	20.0%	6.5%
	15	Count	0	2
		% within Gender	.0%	4.3%
Total		Count	15	46
		% within Gender	100.0%	100.0%

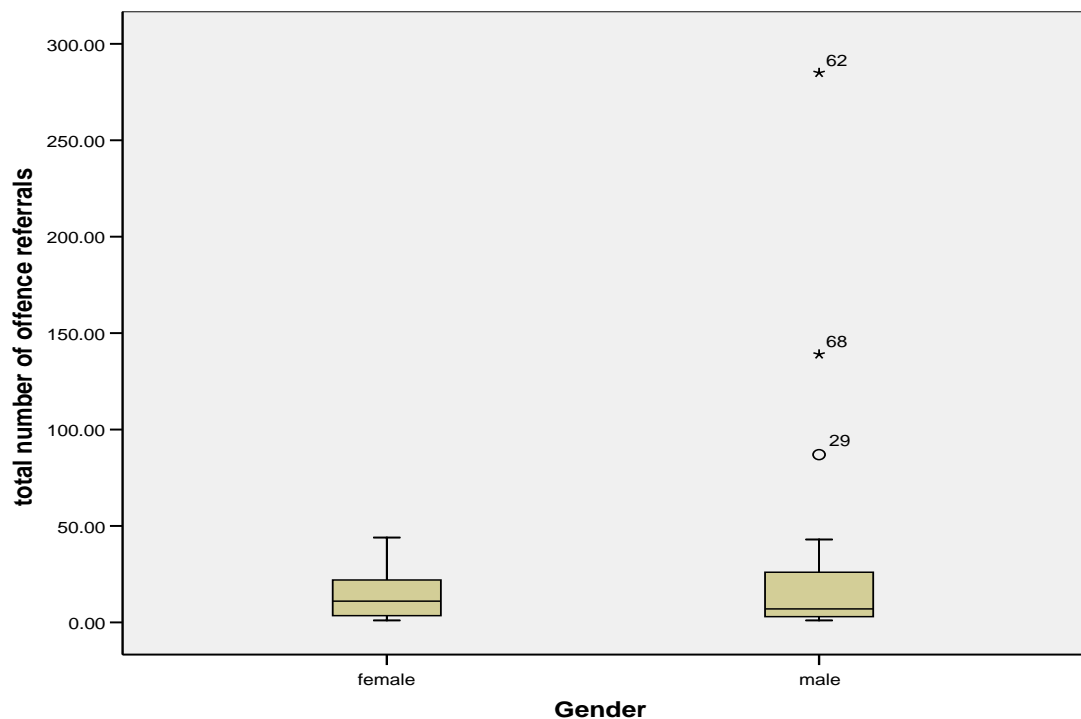
From data provided by SCRA it was not possible to establish what types of offences young people were being referred for. This is somewhat problematic as ‘offending behaviour’ encompasses a number of different actions – from playing football on a ‘non-ball area’ and petty theft, all the way to more serious allegations of grievous bodily harm and burglary. As I shall be further arguing here labelling quite diverse types of behaviour under the one category facilitates processes of government.

Forty percent of young people who were referred on offence grounds had between one and four referrals on offence grounds. There was a small minority of persistent

young offenders who had accrued five or more referrals on grounds of offence within a six month period²³.

Boys are more likely to be referred on offence grounds than girls, although this is not statistically significant. The outliers, the cases with very high number of offence referrals, are all boys which explain why at a first instance boys seem more likely to be referred on offence grounds than girls (see Figure 4).

Figure 4: Total number of offences * gender



5.1.2 Type of SRs

The first recorded SR for most (88%) of the 98 young people in Thistle city was at home with parent or relevant person. The second most common type of first recorded SR was with relative/friend (5%).

²³ A persistent young offender is defined as a “child or young person with five offending episodes within a six month period, where an offending episode is equal to an offence referral to the Reporter” (SCRA 2008: 32).

Table 10: Type of first SR recorded

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With parent/relevant person	86	87.8	87.8	87.8
	With relative/friend - approved foster care	2	2.0	2.0	89.8
	With relative/friend - other	5	5.1	5.1	94.9
	With other approved foster parent	2	2.0	2.0	96.9
	Local authority home	2	2.0	2.0	99.0
	Other residential placement	1	1.0	1.0	100.0
	Total	98	100.0	100.0	

As at the 31st of January 2009 almost all (N=95) young people were subject to HSRs with parent/relevant person.

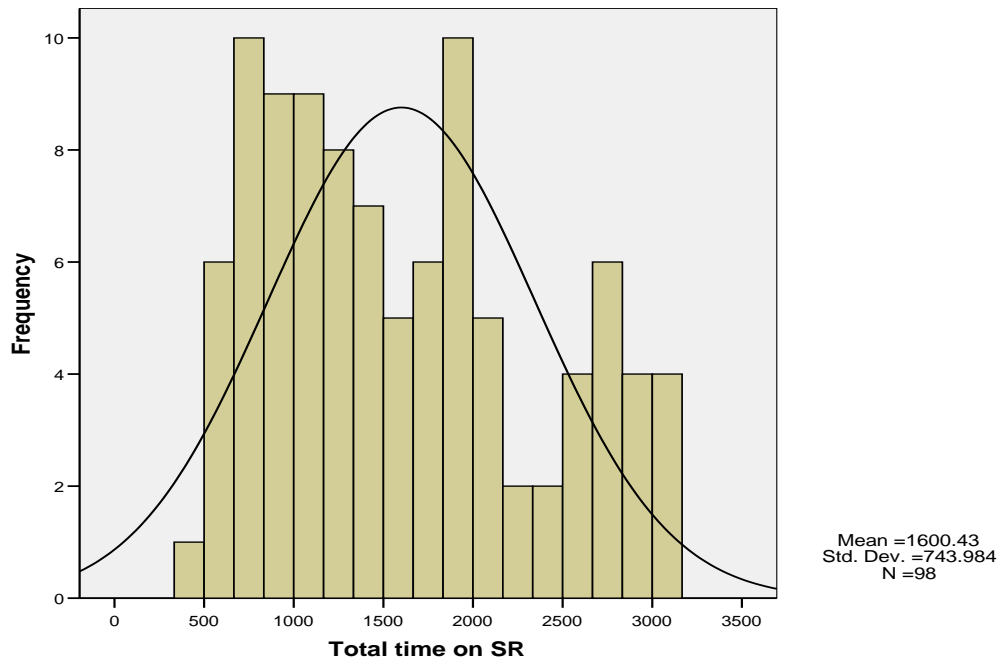
Table 11: Type of last SR recorded

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With parent/relevant person	95	96.9	96.9	96.9
	With other approved foster parent	1	1.0	1.0	98.0
	Local authority home	1	1.0	1.0	99.0
	Residential school	1	1.0	1.0	100.0
	Total	98	100.0	100.0	

5.1.2.1 Total time subject to SRs

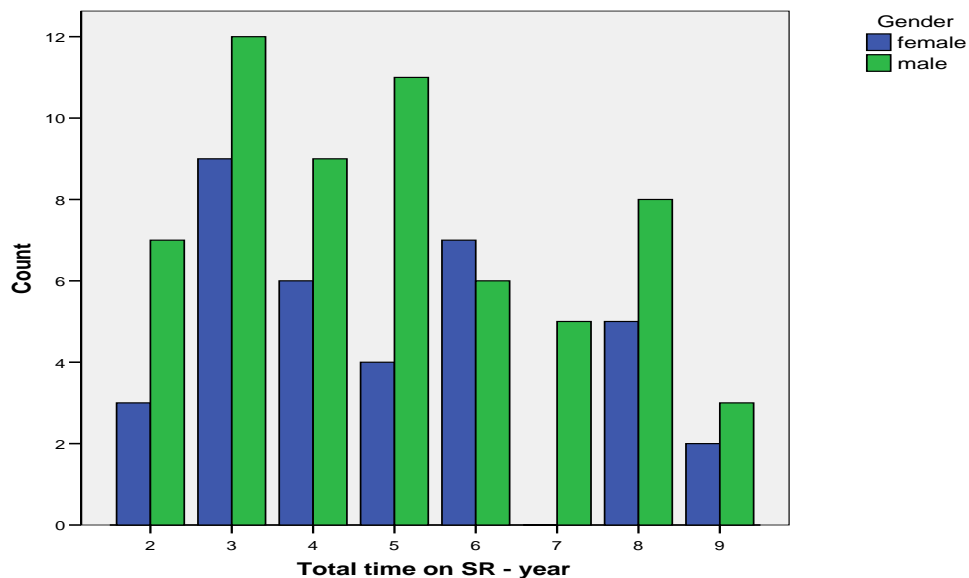
When taking into consideration all episodes of SR the 98 young people had been subject to since the end of 2001 they were spending between 443 and 3144 days subject to any one type of SRs - the mean and the median values being 1600 and 1488 days respectively. Young people were therefore spending, in average, between four and four and a half years subject to SRs (see Figure 5). It is likely that this is an underestimation as the data only goes as far back as the end of 2001 and excludes any periods in which young people might have been 'looked after' under section 25 of the 1995 Act.

Figure 5: Total time on SR (in days) (N=98)



When looking at the gender distribution, boys seem to be spending longer periods of time subject to SRs than girls. There is, however, no statistical significance between gender and total time subject to SR.

Figure 6: Total time on SR (year) by gender (N=98)



5.1.2.2 'Looked after' away from home

Just over a quarter of young people in local authority A – 10 girls and 18 boys – had also experienced periods being 'looked after' away from home. Young people were 'looked after' away from home between 62 and 1651 days, with a median of 360 days. Half of these 28 young people were 'looked after' away from home for relatively short periods of time, spending less than a year in alternative accommodation.

Table 12: Total time 'looked after' away from home – in days (N=98)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 360 days	14	14.3	50.0	50.0
	361 – 720 days	10	10.2	35.7	85.7
	721 – 1080 days	1	1.0	3.6	89.3
	1081 – 1440 days	2	2.0	7.1	96.4
	1441 – 1800 days	1	1.0	3.6	100.0
	Total	28	28.6	100.0	
Missing	Never LAAC	70	71.4		
Total		98	100.0		

The most common type of placement away from home was with other approved foster parent (27%) followed by 'relative/friend' and 'local authority home' (both at 15.4%)

Table 13: Type of accommodation when LAAC (N=26)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With relative/friend - approved foster parent	3	3.1	11.5	11.5
	With relative/friend - other	4	4.1	15.4	26.9
	With other approved foster parent	7	7.1	26.9	53.8
	Local authority home	4	4.1	15.4	69.2
	Residential school	1	1.0	3.8	73.1
	More than one type of placement	7	7.1	26.9	100.0
	Total	26	26.5	100.0	
Missing	99.00 NA	72	73.5		
Total		98	100.0		

Seven (six boys and one girl) out of this 28 young people had experienced more than one type of placement while ‘looked after’ away from home. These young people experienced a lot of instability having experienced multiple moves in and out of home and into different types of accommodation. Table 11 shows how one young person who had been subject to a SR for six years had had six different types of SRs – which suggests that this young person has moved at least six times in six years.

Table 14: LAAC – multiple placements

Gender/Age	Total number of referrals	Total time on SR	Episodes and types of SR
Male, 13	Nine referrals (three on offence grounds)	Six years (two LAAC)	SR1 – with relative/friend – other SR2 – with parent/relevant person SR3 – with relative/friend – approved foster parent SR4 – with parent/relevant person SR5 – with relative/friend – approved foster parent SR6 – SR8 – with parent/relevant person

This indicates that young people’s looked after status is not static and that a small minority of young people who are subject to a HSR experience a high level of instability in places. As I will be further arguing in the next section, this instability seems to be much more pronounced than this data suggests.

5.2 Study participants

The information obtained from the case files of 11 out of the 12 young people included in the study also provided an interesting insight into the carer careers of young people looked after at home. The information relating to the young people in the study sample was mostly gathered from the case files. In the case of Ross however, as I did not have access to his case files, historical information came solely from the interviews with his father (Alan) and case manager (Chris) and is consequently less detailed than that of other young people.

As aforementioned, in seven cases it was only possible to consult more recent case files. Moreover, evidence from the case files with regards the date and grounds of all

referrals to the Reporter for each of the 11 cases consulted was quite limited. In some instances, case files contained correspondence from SCRA to the social worker and this provided the dates and grounds of referral(s). However, these letters were not always available in the case files consulted. In other instances, referrals made by members of the public or other professionals were recorded in the file but it was not clear whether the Reporter had been made aware of these. Thus, inconsistent data recording practices meant that it was not always possible to ascertain the dates when, and the reasons why, referrals were made. Inconsistency in data recording practices is hardly new and a number of other studies also had to deal with similar issues (Connelly and Chackrabarti, 2007, Hayes and Devaney, 2004, O'Sullivan and Westerman, 2007).

In order to overcome some of these shortcomings and get a better idea of patterns of referral and SRs for the 12 young people in my sample I checked all the information I had with regards dates and the grounds of their referrals to the Reporter against the SCRA's records. I have been able to match the dates of most referrals in 10 out of the 12 cases. In Tom's case it was not possible to verify his case against SCRA data as he had only been on a HSR for 10 consecutive months, thus he had not been included in the SCRA subset as it only includes young people subject to a HSR for 12 or more consecutive months. Therefore in Tom's case information within the files was the sole source of information on the patterns of referral.

In Ross' case the difficulty arose from the fact that I did not know the exact date when he had been first placed on a SR. The information from the interviews with regards referrals was quite limited, although it was possible to determine that Ross had been referred on care and protection grounds when he was 2 years old. Since then he had been on a SR mostly at home but with some periods in foster care. Although Ross had been initially referred on care and protection grounds, more recently he accrued referrals on grounds of not attending school (grounds h) and of allegedly committing an offence (grounds i).

As aforementioned, 12 young people were included in the study's sample. There was an equal number of boys (N= 6) and girls (N=6) aged between 12 and 16 years of age at 31st of December 2008. As table 12 below shows, at the time of the study (i.e. between Feb. and October 2009) young people were aged between 13 and 17 years of age.

Table 15: Young people's age at the time when field work was carried out (Feb. – Oct. 2009)

Young person (girls)	Age		Young person (boys)	Age
Anissa	14		Ben	13
Becca	15		David	16
Charlotte	14		Jimmy	16
Jane	15		Mr Perfect	14
K	16		Ross	14
Sky	16		Tom	17

5.2.1 Patterns of referral

According to information collected from case files (and in Ross' case interviews with his father and case manager) seven young people were referred to the Reporter before the introduction of the RAD system in 2001/02. These seven young people were first referred to the Reporter between 1996 and 2001 aged between two and eight years of age. The remaining six young people were first referred in 2002 or after aged between eight and twelve. Independent of their age at the time of first recorded referral all young people were previously known to social services - in at least nine cases their families were known to social services since the young person was a toddler (i.e. under 2 years old).

5.2.1.1 Grounds of first referral

Case files did not always make a reference to the specific grounds of first referral but social background reports mentioned the concerns that lead to the referral to the Reporter under the heading 'historical information'²⁴. According to the information obtained from social background reports

²⁴ As aforementioned it was not always possible to verify all case files for each of the young people in the study's sample. Where only more recent files were consulted information from Social Background

- Anissa was first referred due to concerns regarding poor school attendance and her mother's 'presentation'²⁵; with previous concerns being mostly about mother's presentation and incidents of domestic violence.
- Becca and Sky were first referred due to concerns regarding physical chastisement at home; although there had been previous concerns about their older siblings' engagement in offending behaviour.
- Ben, Jane and Ross²⁶ came to the attention of social services due to lack of parental care linked with concerns about maternal substance misuse and that was also main concern leading to their referral to the Reporter. In Ben and Jane's cases there were also ongoing concerns about domestic violence.
- Charlotte and Mr Perfect first came to the attention of social services due to incidents of domestic violence linked with concerns about parental substance misuse and maternal mental health and these were also the main reasons leading to their referral to the Reporter.
- David and Kay were referred as young children for being left unattended outside for relatively long periods of time; although their first SR was issued due to concerns with poor school attendance. In Kay's case there were also ongoing concerns about mother's 'presentation'.
- Jimmy was first referred following allegations that he had been sexually abused as a young child. As in the previous two cases his first SR was issued following a referral for non-attendance at school; but there were ongoing concerns about parental substance misuse and domestic violence.
- Tom was first referred to social services due to concerns with regards his mental health but the first HSR was issued following a number of referrals on grounds of offence. There had been previous concerns with regards domestic violence

Thus, young people's first referral to the Reporter was mainly due to concerns with regards lack of care and protection; however the grounds leading to the HSR might be different. One point to be highlighted here with regards this short summary of the

Reports to the Children's hearings were taken as a proxy. It is likely however that, over time, historical information is not recorded, or is recorded incorrectly.

²⁵It was often the case in case files that where there were unconfirmed concerns about parental substance misuse that social workers recorded these as concerns about parents 'presentation' often mentioning slurred speech and physical appearance.

²⁶Despite not having access to Ross' case files both his father and case manager cited concerns about maternal substance misuse as the reason for the referral to the Reporter.

concerns that triggered the referral and/or the SR is that in trying to identify the ground of referral for these young people I have come to realise how inadequate these labels can be. Jimmy's case is a good illustration of that. Jimmy was first referred to the Reporter for non school attendance (ground h) in 2000. The following year he was subject to a HSR due to ongoing concerns with regards him not attending school. Considering that non school attendance was the official reason for Jimmy being placed on a HSR someone unfamiliar with social work practice, like myself, might be led to think that this was the main concern with regards Jimmy. However, his files indicate that there had been a number of ongoing concerns about Jimmy and his family, dating back from the early 1990s. After reading Jimmy's file the official reason for the HSR seemed more as the 'tip of the iceberg', rather than the whole story. Thus, care needs to be taken when considering the statistics on looked after children and the conclusions that can be drawn from them.

5.2.1.2 Total number of referrals

Of the 10 cases where SCRA records for the young people were checked it was possible to establish they had accrued between one and 52 referrals since 2001/02. Information from case files and interviews indicated that Tom and Ross had also accrued a number of subsequent referrals. Again this is likely to be an underestimation as information from case files suggests that there had been referrals made to the Reporter prior to this date²⁷.

5.2.1.3 Grounds of subsequent referral

Evidence from case files indicate that subsequent referrals during the period in which young people were subject to HSRs were mostly on grounds of offence and lack of parental care. Looking at the *most recent* referral for the young people in the study's sample five had been referred due to 'lack of parental care' (grounds c); five due to 'allegedly committing an offence' (grounds i); one for being 'victim of a schedule

²⁷ From the case files it was not always clear whether referrals made to Social Services resulted in a referral to the Reporter.

one offence' (grounds d); and one for 'non school attendance' (grounds h)²⁸. This is similar to patterns of referral for this age group where SCRA (SCRA, 2009) data reveals that the most common grounds of referral are: 'beyond control of any relevant person' (grounds a); 'bad associations or moral dangers' (grounds b); 'not attending school' (grounds h) and 'misused alcohol or drugs' (grounds j).

Table 16: number of subsequent referrals²⁹

Grounds of Referral ³⁰	A	B	C	D	E	F	G	H	I	J/K
Total number of subsequent referrals	14	3	15	5	0	0	0	5	112	0

Seven out of the 12 young people in the study's sample had been referred on offence grounds. Young people aged 15 years old are most likely to be referred on offence grounds (SCRA, 2007a). As aforementioned, the label 'offence' referred to a wide range of activities, from those more often associated with anti-social behaviour (again a label which includes a wide range of activities) such as vandalism and breach of peace; to petty theft and burglary; to serious bodily harm. Evidence from case files and interviews suggests that in most cases young people were engaging in non-serious, non-violent behaviour with the most common type of offence being breach of the peace and vandalism. This is similar to national patterns of youth offending that shows that most common type of offence in 2008/09 were vandalism; breach of peace and assault (SCRA, 2009). These offences were often related to alcohol consumption; or with non school attendance³¹.

²⁸ Most recent referral here refers to the last recorded referred in the case file at the time of the research. Case files were consulted between March and October 2009. In two cases where most recent referral was on

²⁹ This table does not include subsequent referrals for Ross as information from interviews did not specify how many referrals Ross had incurred since the HSR had been first issued.

³⁰ *Ground of referral as used by SCRA, are: (A) Beyond control of any relevant person; (B) Bad association or moral danger; (C) Lack of parental care; (D) Victim of schedule 1 offence; (E) Member of same household as a victim of schedule 1 offence; (F) Member of the same household as a schedule 1 offender; (G) Member of the same household as an incest victim or perpetrator; (H) Not attending school; (I) Allegedly committed and offence; (J/K) Misused alcohol/drug or solvents

³¹ Murray et al (2002) also found that young people in their sample who had been referred for failure to attend school regularly often had subsequent referrals to the Reporter, mostly on offence grounds.

Out of these seven, three young people had accrued a relatively high number of referrals on offence grounds. Becca, Sky and Tom had between 30 and 52 referrals on offence grounds. In Becca's and Sky's case these were mostly for 'anti-social' behaviour in relation to alcohol consumption. However, there had also been more serious allegations of assault, leading Sky to be placed in secure accommodation for 11 months between 2006 and 2007. Tom's referrals were mostly related to theft by housebreaking, or housebreaking with intent. Tom was also placed in secure accommodation for five months between 2007 and 2008. Upon their return home both Sky and Tom were placed on a HSR. This did not prevent them from re-engaging with the types of offending behaviour they were engaging with before being placed in secure accommodation.

SCRA's analysis of data for children who are subject to a SR for five or more years found that the longer a child remains subject to a SR the more likely he or she is to be re-referred. The three young people who had accrued the most re-referrals had been on a HSR for three years or less – although they all had had social work contact before being subject to a HSR.

5.2.1.4 Patterns of SRs

Ten out of the 12 young people's first SR was 'at home with parent'. Sky's first SR was in a local authority home; while Ross' first SR was with foster parents.

At the time of the research (Feb. – Oct. 2009) 10 out of the 12 young people were still subject to a HSR. Three out of the 10 young people who were officially subject to HSRs were, however, no longer living at home. Kay had moved in with her grandfather in 2007³². Jane had been dividing her time between her sister's house and a B&B since a break down in her relationship with her mother at the end of 2008. Mr Perfect had been accommodated in the beginning of 2009 following a domestic incident. This indicates that young people's looked after status might not always correspond to their living arrangements.

³² As Kay's grandfather is considered a 'relevant person' she was included in the SCRA sample.

Jimmy and Tom were no longer subject to HSRs. Jimmy's referral was mainly due to non-school attendance and since he had reached his school leaving age it was deemed that the HSR was no longer necessary. Not only had that, but concerns regarding domestic violence and parental substance misuse diminished following his parents separation in 2006. Two other factors contributed to the decision to terminate his HSR however. First, his brothers were still subject to a HSR which meant that the social worker was still engaging with the family; as the quote below illustrates.

I remember speaking with Jimmy about going to recommend supervision coming off and how he felt about that and he had said 'oh, it makes no difference to me if it is on or it is off because...you are still going to be there anyway so' (...) 'I will probably gonna see you when you'll come in to the house'. (Martha, Jimmy's social worker)

Second, the social worker had forged a good relationship with the family which meant that she felt she could carry on supporting Jimmy regardless of whether there was a SR placed on him.

According to Tom and his youth justice worker the decision to terminate the HSR was because the Panel had agreed that the adult system would be better equipped to deal with Tom's persistent offending behaviour as the following passage from Tom's case file indicates:

"After failing to engage with a range of resources he was placed in secure accommodation (...) before being returned to the community as part of an Intensive Support and Monitoring Service (ISMS) package. He remained on supervision throughout this period and struggled to comply with the conditions in the community resulting in his coming before the Children's Panel again on several occasions. (...) Having exhausted the resources available to the Children's Hearing System it was felt that further offending might be better dealt with through the Adult Criminal Justice System" (Tom's case file)

As this passage suggests Tom had failed to engage with services both before and after being placed in secure accommodation. When he returned home he was subject to an Intensive Support and Monitoring package but did not engage with the services offered. Intensive Support and Monitoring (ISM) packages are aimed at children and young people who are identified as high need/risk and who meet the criteria for

secure accommodation as set out in Section 70 (10) of the 1995 Act. ISMs include a movement restriction condition to the SR and put a duty on the local authority to prepare a plan for providing intensive support to the child or young person (Scottish Government, 2008b). Ultimately, however, the responsibility for the termination of the HSR and the ISM package is placed on Tom. I shall be returning to this point in the next chapter when considering how neo-liberal discourses aim to create the ‘entrepreneurial-self’.

5.2.1.5 Length of SRs

Information from case files indicate that the 12 young people who were included in the study spent between 11 months and 10 years subject to a HSR. Three young people had been on a continuous HSR for seven or more years - a relatively high number for such a small sample. One other young person had been subject to a HSR for a total of four years. In addition, there were two young people who had been looked after on a continuous SR, either at home and away from home, for over 5 years. The remaining six young people in the study’s sample were on HSR between one and three years. Most of these young people were therefore spending a significant part of their childhood subject to a SR.

As SCRA (2010a) suggests, in their analysis of children who are subject to a SR for five or more years, this raises serious questions about the consequences of being on SR for such long periods of time. Additionally, questions must be raised concerning the reasons for keeping children on SRs for such long periods of time; particularly when, as I shall be further discussing in the next chapter, the aims and objectives of the intervention are often unclear.

There was little stability of places for the young people included in the study. Amongst the 12 young people five had been looked after away from home. Jimmy and Ross were placed in foster care, however both had been subject to a HSR before and after being placed in foster care. Sky and Tom had both been placed in secure accommodation before returning home on a HSR. Jane and Sky had both been placed in open Young Persons Centres (YPC). Sky had been placed in an YPC on two

occasions for less than a month each time; while Jane was placed in three different YPCs between 2006 and 2007. On two occasions Jane had to stay part-time at different centres due to bed shortages; and throughout this time she had continued overnight stays with her mother. In addition to these five cases, Mr Perfect was placed in local authority accommodation at the beginning of 2009 after being subject to a HSR for over four years.

There were also two young people who were looked after at home with a relevant person. Anissa resided with her grandparents on two occasions – once for one month and another for six months. Kay was residing with her grandfather, Bob, since 2007 following years of conflict at home. Kay continued to have overnight stays with her mother throughout this period.

As well as these officially sanctioned placements nine young people had received respite care from relatives (and in one case from a step-father) for relatively short (less than three months) periods of time over the years. These placements were either organised by social services in agreement with family members when a crisis arose or by parents themselves when they felt unable to look after their offspring. Stability and continuity of placements is considered to be a key contributing factor to successful outcomes for looked after children (SCRA, 2010a). As this data suggests, young people who were subject to HSRs had little stability in their placements. Moreover, as indicated in Chapter 4, young people often experienced a number of moves whilst leaving with their families and these could also result in changes of school.

There were occasions where alternative accommodation had been considered for young people but, for a number of reasons, these placements did not take place. For example, after years of refusing to go to school David had been considered for residential school by the Panel. Mary and the educational psychologist strongly disagreed with that and David was sent as a day time pupil instead.

Anissa and her older sister were assessed as needing foster placements twice. First time a place of safety warrant was issued and they were placed with their

grandparents. In both instances no resources were available, a foster parent was not identified and the girls remained under the care of their parents.

When Jane was first placed on a HSR her social worker at the time recommended for her to be accommodated and for a place of safety warrant to be made. The Panel did not uphold this decision. Three months later Jane was placed under the care of a relative as her mother was incarcerated. Once this placement broke down Jane spent her time between the care of her mother and multiple part-time placements in different YPC's as each time there were not enough full-time beds.

Becca and Sky had been considered for secure accommodation on a number of occasions because they were putting themselves 'at risk' by absconding, consuming alcohol, and engaging in anti-social, offending and 'sexualised behaviour'. On each occasion however they were deemed not to meet the secure criteria. Both girls and their mother reported during the interviews that they believed professionals were threatening them with the possibility of secure accommodation while they were well aware that they did not meet the criteria.

A third young person, Kay, also reported that she was 'threatened' with being placed in residential care because she was putting herself 'at risk' by absconding, consuming alcohol and engaging in 'sexualised behaviour'. Kay's name was placed on a YPC referral list on two occasions but on both occasions her name remained on the list for a bed for months. However as Kay was not seen as 'high-priority' and resources were scarce she remained at home as this passage from Kay's case file indicates.

"Things at home still fragile. She had spent some time living with her uncle and now stays with granddad during the weekends. Mum worried about what will happen if she does not manage new school placement. Panel urged her to work with the support available to make sure that her placement at home and school can continue – her name is on the waiting list for a YPC, although not a priority." (Kay's case file)

Following a particularly difficult time at home Kay's grandfather agreed to look after her on a full time basis. The social worker was never too sure about these arrangements due to Bob, the grandfather's health; however, due to lack of adequate alternatives Kay remained under his care. What these data seems to indicate therefore is that decisions to place young people in alternative accommodation were based on an assessment of risks, the availability of resources and family support. I will be turning my attention now to this latter point and returning to the two former points in later chapters.

5.2.2 Family support

The contribution families make can be the difference between a young person being placed in alternative accommodation or not. Kay had avoided residential care when her grandfather agreed to take her full-time care as he worried that "if she goes into a unit things could get worse". This was despite concerns from the social worker with regards his ability to care for Kay due to his fragile physical health. Jimmy was placed in the care of his grandparents when his foster care arrangements broke down and returning home was not yet an option. Anissa and her sister were placed under their grandparents care when Place of Safety Warrants were issued in 2001 and 2006; as well as on a number of other occasions where the removal of both siblings from parental household was deemed necessary due to concerns with regards the level of parental care.

Considering the amount of disruption and mobility these families had experienced I had expected that family support networks might be missing or under strain (Packman et al, 1986). Families (usually maternal grandparents but in some cases also paternal grandparents, and both maternal and paternal uncles and aunties as well as older siblings) were mentioned in case files as a source of support for nine out of the 11 families. Families offered support with child care and other matters such as in the case of financial difficulties or homelessness. In three cases grandparents had assumed full time care for the young person for periods ranging from two to eighteen months. Three young people had spend relatively short periods of time (between a couple of weeks to a couple of months at a time) living with older siblings. This

respite care was offered either voluntarily, that is, without social services intervention; or through an agreement with social services.

Family support in these cases was not, however, constant. In some of these cases family support had been temporarily withdrawn due to drug use (Sophie and Caroline); an unwelcome partner (Louise); or the young person's behaviour (Caroline and Jamie-Lee). In a further four cases evidence from case files indicated that relationships with some family members had been damaged permanently. This was either due to difficult relationships in the past and/or due to alleged sexual abuse in earlier years. Moreover, family members were constrained by their own health and financial difficulties in how much help they could offer.

Despite grandparents and other members of the family often offering respite and long-term care for young people (and their siblings), there seemed to be little or no support available to them. Bob for example, who had assumed full-time care for Kay since 2007, felt he had not had sufficient financial support:

Kay can eat like a horse...she get up in the morning cheese and toast for her breakfast at 8 o'clock you see, come half past nine she is making something else, dinner time she is making something she goes through two loafs of bread a day and things like that. She doesn't seem to realise it all cost money! I won't grudge or anything, but I told the social worker 'I cannot afford to keep her if I am not getting any for it' (Bob, Kay's carer)

As Bob's quote suggests without financial support from social services family members might be unable to offer respite or long term-care for young people.

5.3 Discussion

As these findings suggest, young people are spending considerable lengths of time subject to SRs. Data from the SCRA subset shows that young people (N=98) were looked after at home on an average of four years. The 12 young people included in the study had been on a HSR between 11 months and ten years; with three being on a continuous HSR for seven years or more. This is a considerably long length of time for a type of intervention which is supposed to be a short and intensive input to assist

families to address any concerns. This is also considerably more than the figures from the national statistics which show that 'looked after' young people spend in average less than two years on HSRs (Scottish Government, 2007, 2008a, 2010). This difference may be due to the fact that the figures from the Scottish Government only took into account the current or most recent episode of HSR; thus excluding those young people who experience multiple placements.

The findings also highlights that a young person's looked after status is not static with some experiencing moves in and out of different types of SRs. Evidence from case files for 11 young people indicate that young people looked after at home may experience multiple placements while subject to supervision requirements. These can be both formally and informally arranged. Formal arrangements are organised by the social worker and approved by the Children's Hearings and may result in a change of young people's legal status. Informal arrangements might, or might not, be organised with the assistance of social workers and sometimes may not be known to the Children's Hearings. Thus, the official looked after status of young people – at home or away from home – did not always reflect their living arrangements. In one case for example, the young person's legal status was as looked after away from home, however she was spending most of her time at home. While in another case, due to legal implications, the young person's legal status had remained as subject to a HSR despite this young person residing on a YPC for the previous six months³³. This young person's social worker thought this was a rather unique case but it does illustrate the difficulties encountered in trying to define looked after children and young people's legal status according to their place of residence.

The decisions of whether to keep young people at home or place them in alternative accommodation are not always based in assessment of needs, or an agreement of all parties involved. Evidence in the case files show that often a decision on whether to place a young person in alternative accommodation was based on the availability of resources or otherwise; an assessment of risk and on whether family members were

³³ The interview with this young person took place in July 2009. Since January that year he had been accommodated; but his looked after stats had remained the same.

able to provide respite care to the young people. As noted in Chapter 3, it is in a context of increased demand and dwindling resources that the identification of 'high risk' takes on particular significance (Otway, 1996, Parton, 1996, Parton et al., 1997). I shall be returning to this point in the next Chapter.

The conclusions that can be drawn from this data are limited in a number of ways. First, as aforementioned the data only goes as far back as 2001. Second, the information is pertinent to one out of 32 local authorities in Scotland and more detailed information with regards grounds of referral and types of SRs was obtained only from a small sample (young people aged 12-15 years old) of all looked after children in this local authority. Thus, the sample cannot be said to be representative of all children and young people looked after at home in Scotland. It can however provide an idea of how similar, or otherwise, the carer careers of young people looked after at home is with regards national statistics on looked after children and young people.

Most important however is that they tell us little about children and young people. Statistics are often used in order to tell us something about a large population. In research, the use of statistics is often requested by funding bodies as they are considered to offer greater reliability to the research findings and to offer information which can be generalised to the rest of the population. I have chosen to collect this information and to present it here because this data might be helpful in terms of presenting a comparison point between young people who are subject to a HSR in Thistle city and other groups of 'looked after' children and young people.

I believe, however, that their usefulness is not so much to do with what they tell us about the young people, but what they tell us about the biopolitical power upon which government is dependent on. The statistics collected by SCRA, as well as by other organisations, tells us very little about the children and young people themselves, the difficulties they might be experiencing and what their needs may be. Thus, the claim that these numbers can assist us in gain a better understanding of who are the young people who are looked after at home is at best somewhat

misguided, and at worst misleading. What they do instead is to classify children and young people into groups of deserving (of care and protection) and undeserving (due to offending behaviour), of the 'good' versus 'evil' child. It inscribes information about children and young people in a two dimensional format which is easy to collect, store and digest. This type of data is important to the government of populations. They do not provide a better understanding of these populations but simply a means by which governing can be rendered more efficient and economic; and a way in which to justify government policy and action. So, for example, a rise in the number of children and young people referred on offence groups may justify a more punitive approach towards these children, young people and their families.

When trying to define the reasons which have lead to the HSR we need to look further than the grounds of referral. Grounds for referral are a simplified label attached to young people's cases in order to facilitate the bureaucratic process. They are at once broad, so that different cases can be label against one category; and one dimensional, thus referring to one aspect of 'the problem' to the detriment of others. Some might argue that the one dimensionality of grounds of referral can be somewhat counteracted when more than one ground for referral are used to define the problem; however, this is still unsatisfactory as grounds of referral tend to ignore wider socio-economic factors that might have an impact on families, for example.

5.4 Conclusion

In this chapter I have presented the findings derived from the secondary analysis of a subset of the SCRA dataset. This has provided an insight into the care careers of young people looked after at home in Thistle city highlighting, for example, the long history of social care involvement many experience. This is in line with early findings by McGhee and Waterhouse (2007) who suggested that children and young people are recycled through the Children's Hearing System. The findings presented here have also highlighted how similar the care careers of young people looked after at home is in relation to that of other looked after children and young people leading me to argue that this distinction in looked after status is perhaps not a very helpful one. Dividing looked after children and young people into distinctive groups detracts

from the fact that over time their needs and vulnerabilities tend to be very similar. This is supported by the fact that many young people looked after at home had spent periods being looked after away from home – either on official or unofficial care arrangements.

I have also suggested that despite the emphasis often given to statistics by funding bodies, and its preference amongst policy and practice circles, that the conclusions that can be drawn from them are quite limited as they tell us little about the specific circumstances of the individuals they describe. Instead, statistics such as the ones reported annually by SCRA and the Scottish Government are useful for the categorisations of children and young people into good or evil; and that such categorisation facilitates the government of populations. In the next chapter I will be further exploring this idea with regards the identification of risk and the impact this has on the allocation of services and resources.

Chapter 6: HSRs and the making of the ‘entrepreneurial-self’

6.1 Introduction

During their study of HSRs Murray and colleagues (2002:1) found that key statutory requirements were not being met “particularly in respect of home care plans, the timing of the first visit to the family and holding internal social work case reviews”. Following from this, one of the aims of this study was to find out more about how HSRs work in practice and whether there is a disjuncture between policy and practice, as suggested by Murray et al (2002). This chapter will look at the evidence with regards to the extent that statutory requirements are being met in practice, focusing on:

- Whether there were care plans, and if so what did they consist of
- Whether case reviews were taking place and if so with what frequency
- The allocation of social workers and resources

The information presented here is mainly derived from case files, although in some instances I will also be referring to what young people, parents or social workers have told me in order to better illustrate a point. As discussed previously I obtained the consent of 11 of the 12 young people and their parents to consult the young person’s case files. The information in the case files varied considerably and was often missing, incomplete or unclear (i.e., different dates were used to record the same event). Moreover, in some cases I only had access to more recent case files thus it was not possible to ascertain, amongst other things, the date of social workers’ first visit to the families following the HSR; or when the first case review had taken place.

6.2 Care plans

According to the *Arrangements to Look After Children (Scotland) Regulation 1996*, local authorities are responsible for drawing up clear care plans for all children that come under their remit (Regulation 3 (1)). Of the 11 case files consulted none had a *formal care plan* completed during the time in which the young person had been

looked after at home. *Formal care plans* refer here to the Care Plan Guidelines issued by Thistle city. These Guidelines establish the matters to be covered according to Regulation 6 of the 1996 Guidance and Regulations³⁴. Only one case file contained an example (not completed) of these Guidelines. This is similar to Murray and colleagues (2002) study which found that only 32 (17%) of the 189 cases they reviewed had care plans; but is in sharp contrast with the latest figures from the Scottish Government (2007, 2008a, 2010) that assert that most looked after children, be that at home or away from home, had a care plan.

This disparity might be at least partly explained by the fact that, although young people did not have *formal care plans*, when I asked social workers' about the care plan for young people they all referred to *informal care plans*. *Informal care plans* were found at the end of social background reports and often consisted of four to five recommendations or action points to be pursued. These were loosely set, did not make explicit the deadline by which they should be achieved nor how they should be pursued and assessed. A typical example of an *informal care plan* comes from Charlotte's case file. A social background report for a Hearing taking place in 2006 establishes that the *informal care plan* was for:

- Social worker to support Charlotte to have overnights with father
- Social worker to liaise with school and health professionals with regards Tania's (Charlotte's mother) mental health
- Social worker to meet with Charlotte and parents on a regular basis

This *informal care plan* was typical of many others found in young people's case files. As in this case, *informal care plans* identified general actions which should be pursued (often by social workers and/or parents). The purpose of these actions, what was hoped to be achieved, or when by, was never made explicit.

³⁴ Care Plan Guidelines establish that a plan should be completed after a full assessment of the needs of children and updated and changed as required. Parents and children should be consulted about their views. It should, amongst other things, be based on an assessment of the needs of the child and family; should be specific and identify who is responsible for each action; and it should be regularly reviewed – although it does not specify how frequently.

In addition to *informal care plans* the three young people whose cases had been transferred to Youth Justice had a SMART (specific, measurable, achievable, realistic, time limited) plan. As the name suggests SMART plans should establish clear objectives for the work being developed; who is responsible to achieve each one of these objectives; and by when. However, despite providing a more specific framework the aims and objectives found in SMART plans were as loosely set as those found on *informal care plans*. For example, the deadline for achieving any objective was often described as ‘ongoing’ as this section of Becca’s most recent SMART plan illustrates:

Table 17: SMART plan for Becca

Relevant asset	Objectives	What work will be done	Who will do work	How will progress be measured	Are there any gaps	What it the timescale	What evidence is required for review
Lifestyle	Look how peer relationships and alcohol use influence offending	Explore choices being made and reasons why	Youth Justice and Includem ³⁵	Reduction on offending and risk taking behaviour	Unknown	Ongoing	Evidence of participation with workers
Family and personal relationships	Improve understanding of relationships	Promoting empathy and keeping open dialogue between Becca and mum	Includem and Youth Justice	Increased harmony within house	May need more family work	Ongoing	Evidence that family are willing to take on board strategies for change
Attitudes to offending	Explore belief and values	1-1 work through offence focused work	Youth Justice	Involvement with Youth Justice	Unknown	Ongoing	Participation and engagement with the service

³⁵ Includem is a non-statutory agency working with disadvantaged young people across Scotland.

It is worth noting here that *formal care plans* were completed when a young person had been ‘looked after’ away from home (Jane, Jimmy, Sky and Tom). Likewise, *formal care plans* were completed when a young person had been on the Child Protection Register (CPR), both before (Becca, Charlotte and Sky) and during the time they were subject to a HSR (Anissa and Kay). The *formal care plans* contained more detailed information about the action plans to be pursued, and usually a number of statutory and non-statutory agencies would be involved in the drawing up of the plan and the delivery of services. However, as with the SMART plans, although *formal care plans* contained more information they were not any clearer about the aims and objectives; when they should be achieved by or how successful progress would be identified.

The absence of care plans with specific aims and objectives is problematic when considering that previous research has found evidence that outcomes improved if looked after children had clear plans which explicitly identified goals, tasks, and targets and allocated areas of responsibility for implementing them (Murray et al., 2002b, SWIA, 2006). As early as the 1970s researchers and commentators have been critical of the lack of planning for children in care (Packman et al., 1986). However, there seems to be a number of difficulties in establishing clear aims and objectives for social work practice. First, as two social workers pointed out, plans had often to be modified due to occurrence of ‘crisis situations’.

“Because with Becca, (...) sessions can be so quickly blown out of the water because she has new charges coming on all the time so quite often even though I’ve got sessions planned to look at consequential thinking but yet I have to use the whole session to talk about what she just did the night before. So the action plan will not always be followed to, you know, followed to the t I suppose.”
(Joan, Becca and Sky’s youth justice worker)

In such cases, plans had to be put aside so that social workers could deal with the emergency at hand. In these circumstances to have a care plan might be counterproductive as this can be ‘quickly blown out of the water’. This passage is quite revealing because it was Becca’s behaviour which was responsible for the plan to be ‘blown out of the water’. As I shall be further discussing, the responsibilisation

of young people and their parents for the lack of progress of the intervention's aims and objectives was a common feature of case files and social workers narratives about HSRs.

Second, and related to the first one, was that needs were not static, but fluid. Social workers assessments of needs developed and changed as young people and families' circumstances developed and changed as this quote illustrates:

"(...) she [Kay] has been on supervision for such a long time that the care plan has changed a lot I mean initially the care plan was looking at supporting K with bereavement eh, supporting her managing staying in school and to support erm, hers and Pam's relationship and to give Pam advice and guidance (...) so that was initially the erm, the the plan that was in place. That moved as things changed eh and there was a lot of emphasis on on Kay's schooling at at the next stage and also looking at her keeping herself safe in the community." (Megan, Kay's social worker)

Although Megan is referring to changes taking place over a relatively long period of time (between three to four years), the picture to emerge from the case files consulted suggests that assessment of young people's and their families needs often change as new information emerged. This could be reports from school or police; from other members of the community; or from young people and their parents themselves.

Finally, it seems that the main difficulty in establishing clear aims and objectives was due to the complexity and intractability of needs. These needs are linked with wider social inequalities which might not/cannot be addressed by social services interventions alone. Taking these difficulties, it may be that by refraining from setting clear aims and objectives social workers might be protecting themselves against later accusations of failing to achieve the goals set out by the plan. The absence of *formal care plan* for young people who are subject to a HSR and of clear aims and objectives for looked after children more generally might be a strategy of struggle used by social workers to contest institutional power. On the one hand social workers are required to produce care plans; on the other they find that drawing up such a plan might be a way into which to call their practice into question later. Consequently, they devise a strategy where a plan is made (i.e. *informal care plans*),

but not exactly as required. I shall be returning to this point in the next chapter when exploring the strategies of struggle used by service users and service providers in order to negotiate power relations.

6.3 Progress of care plan

As well as being loosely set, the action points to be pursued (as set up in the *informal care plans* and SMART forms) often remained the same over the years. In Anissa's case, for example, the *informal care plan* from January 2007 established that:

- Social work to meet with Anissa her parents and grandparents to monitor the care given
- Parents to continue on methadone programme and working with drug agencies
- Social work to liaise with drug agencies and school for updates.

For the Hearing taking place in January 2008 the *informal care plan* remained almost the same, the only difference being that the grandparents were no longer mentioned since Anissa was no longer under their care. This is particularly interesting when considering that the needs of young people were not static, but fluid.

The quote below is another good illustration of how *informal care plans* remained the same over the years. When I asked Alex, Ben's social worker, whether there was a care plan for Ben he replied:

“Uhm, is there a care plan for Ben? I mean, there's a plan in terms of the children's hearing supervision requirement and it's now hopefully scheduled to run for a year, erm, and is to continue what we are doing and continue to have me seeing Ben and visiting his mother and liaising with the school; erm and eh, that would be it that would be it I think.” (Alex, Ben's social worker).

The care plan for Ben was therefore to continue the same process despite there being little evidence in the case files that this had brought about any beneficial changes to Ben and/or his family.

Taking into consideration that young people were on average remaining on HSRs for over four and a half years some might see this lack of change as a failure of the intervention. However, five social workers explicitly said that no change, at least in relation to the case they were referring to, could be understood as a positive outcome as it indicated that the situation had remained stable rather than deteriorated. As Mary said

“Like sometimes I felt I was getting anywhere but sometimes getting nowhere is the best you can hope for coz at least you are not going backwards” (Mary, David’s social worker).

So the intervention might not have brought about positive changes, but it had managed to keep the situation from deteriorating.

No change can also be understood in a context where the capacity of social workers to intervene is limited. Evidence from case files and interviews with social workers indicates that the progress or otherwise of *informal care plans* depended on young people’s and their families’ willingness to co-operate and to engage with agencies. For example, one of the action points in Anissa’s *informal care plan* mentioned above was for parents to continue on a methadone programme and working with drug agencies. The social worker’s capacity to oversee this objective was limited and once the parents decided to cease their involvement with the drug agencies all that could be done was to maintain some surveillance of their substance misuse through their GP and other professionals involved in the case. This passage from Anissa’s case file indicates this clearly:

“Progress on work plan: Parents have maintained regular contact with social work department over the last year and appear to have provided a consistent level of care. Both parents have now ceased their involvement with drug agencies but maintain very regular contact with their GP’s and report that they are remaining stable on their methadone prescriptions. All the professionals involved with the family keep close correspondence”

This passage indicates that part of the action point in the care plan was no longer being pursued; however it does not mention whose decision it was to cease involvement with drug agencies, be it parents or professionals. The parents’ reported

their compliance with the other part of this action point, ‘to continue on a methadone programme’, but it seems that some uncertainty over this remained and so all professionals kept in close correspondence to make sure things did not slip.

Thus, although local authorities have a duty to implement the HSR their capacity to do so is limited by a family’s willingness to engage or otherwise with the services being provided. This points to an inherent tension between state intervention in private lives and individuals’ rights to privacy. Despite the compulsory nature of HSRs social workers cannot force young people and parents to comply with the terms of the supervision. Moreover, it again seems to suggest that the responsibility for whether the aims and objectives of the care plan are achieved is the responsibility of parents and young people – if they choose not to engage then social workers cannot be held responsible for the lack of progress.

The absence of a care plan was often justified in terms of the difficulties encountered in implementing any plan when families had a chaotic lifestyle and service provision would often respond to crisis rather than be preventive. Moreover, as services were often short term and dependant on young person’s or family’s willingness to co-operate these were often under threat of being terminated. In all the 11 files there is evidence that services were difficult to access and quickly terminated. Thus, long term planning was difficult to achieve and filling in a lengthy care plan form may simply not be the best use of one’s time.

6.3.1 Consultation

As aforementioned the 1995 Act emphasises that children’s views should be taken into consideration in major decisions that may affect them; whilst regulation 6 (s. 4 [a –b]) of the *Arrangements to Look After Children (Scotland) Regulation 1996* establishes that care plans should, as far as reasonably possible, be agreed by the local authority with the parent or carer for the child.

There was little evidence in case files that young people or their parents had been consulted on drawing up plans. Moreover, when I asked young people and parents

whether they had been consulted on the drawing up of the care plan all young people, and all but one parent, were not aware of the plans' existence.

As the *informal care plans* were found at the end of social background reports I looked for evidence of young people and parents being consulted on the preparation of these reports. Social background reports used in Thistle city had a section headed 'child's view' and another headed 'parent's view'. 'Child's view' often contained a couple of sentences representing young people's views. It was not unusual, however, for young person's view being represented by a statement such as this one found in a social background report for Anissa:

"Child's views: Tonie [Anissa's mother] states that Anissa does not want to be on a supervision requirement and does not think that she is at any risk living with her parents. She does not like children's hearings and does not want any involvement with social workers however she is normally willing to discuss issues with me [the social worker] to some extent and cooperates with my visits."

As this passage illustrates it was often parents (i.e. the mother) who were consulted about the young person's views about the HSR. The reason often given for the lack of young peoples' views in the case files was their unwillingness to meet or speak with the social worker as the following passage from Becca's social background report further illustrates:

"Child's view – Becca has refused to meet up with the writer."

Evidence from case files suggest that it was not uncommon for young people to refuse to meet up (as in Becca's case); or to only say very little to social workers (as in Anissa's case). This was not always the case however. How much young people said or how often they met with their social workers changed over time and depended on which social worker they might be working with at the time. Nonetheless, the general picture which emerges from the files is one where the young person's voices are largely missing. Even when young people's views and opinions were included they are represented in a style and format that fitted the purpose of the social background report; but which might not be a good fit for what

the young person wanted to express. For example, in the statement below taken from Jimmy's case file

"Child's views: Writer has not met with him properly so there has been little opportunity to hear his views. However he reports that he does not enjoy school and often reports various illnesses that prevent him from attending. Jimmy is fully aware of the concerns regarding his non attendance and late coming but seems unconcerned about the effect this is having on his long term learning."

This passage is a sanitised representation of Jimmy's reasons for not going to school; rather than an exact representation of what Jimmy had said. This representation suits the purpose of the report (to identify the reasons why Jimmy is not going to school and to justify social work intervention as Jimmy was unconcerned about the impact his non school attendance would have on him) but it tells us little about Jimmy's views, that is, what he thought was important.

As with 'child's view', the section on the social background report entitled 'parent's view' tended to contain a couple of sentences claiming to represent what parents' thought about the intervention or what they would like to happen; as this statement from Becca's file shows:

"Parent's view – mum [Jamie-Lee] had been happy with progress Becca had made however with the recent difficulties in the community she had to ground her. Becca has usual sibling rivalry with Sky, and mum would like things to be better. She showed interest in joining the escape programme run by the school Family Support Service."

As with the passage from Jimmy's file, this is a sanitised representation of Jamie-Lee's views which serve a purpose – to justify the continuation of the intervention as Becca had re-engaged in anti-social behaviour, despite some progress being made; and to refer Jamie-Lee to a service that she might have shown interest in joining.

Overall the voices of young people and parents were largely missing from case files. This omission was justified largely in terms of young people's and parents' unwillingness to engage with social workers. When young people's and parents'

views were included these were often short statements that seemed to be a sanitised version of young people's and parents' views. When these statements were included they justified the reason for the intervention. As aforementioned, recording information in case files is a way in which to increase accountability and the way in which the views of young people and parents were recorded served as a justification for little progress having been achieved or for the approach being pursued, so that if a social workers' practice ever got questioned they would be able to indicate that young people and parents were (also) responsible for the success or otherwise of the plan. It is undeniable that without young people's and parents' cooperation there was little that social workers could do. However, young people and parents were too readily identified as 'difficult' with little or no consideration of the reasons why they may be unwilling to engage with a service.

It is worth noting here that, as in other studies (see Packman et al, 1986), there was a deficit of information with regards fathers; independent of whether they were still actively involved with the young person or not. The lack of information about fathers may be due to the fact that in most cases they were absent from the day to day care of young people. Following parental separation seven young people had maintained some contact with both birth parents. Of these cases two young people had regular contact with their birth father and divided their time between their parents' households. The remaining five young people reported having had some regular contact with both birth parents following parental separation. In recent years however contact with the absent parent had been sporadic according to evidence from case files and young people's accounts. Additionally, three young people had little or no contact with the absent father following parental separation; and one had had not contact with the absent mother. Only one of the 12 young people lived with both birth parents – but even in this case there was little information with regards the father.

The lack of information about fathers may also be a reflection of deeply ingrained views that caring is the responsibility of mothers, not fathers (Katz et al., 2007, Rose, 1990). Perhaps a good illustration of how this view worked in practice was that while

friendships with fathers seemed to be perceived as positive; friendships with mothers were perceived to be somewhat defective because mothers were expected to do more than that and provide the physical and emotional care required. Rose (1990) states that this view of the mother-child relationship as being of prime importance for the moral development of the child is one which has gained currency during the Post-War period; and one which professionals have readily adopted as it justified the interference in the family.

6.4 Case Reviews

According to the 1995 Act s.31 local authorities have a duty to carry out reviews of care plans at regular intervals. Section 9 (2) of the 1996 Regulations stipulate that when a child is subject to a HSR a case review should take place within three months of the date that the HSR was issued and six months thereafter. One of the functions of the review is to bring professionals and families together to discuss the progress of care plans and the work developed by the professionals involved.

In the four cases where I had had access to all case files there was no evidence of a case review taking place within the first three months of the HSR being issued. In the remaining seven cases, where only most recent case files were consulted, it was not possible to verify whether case reviews had taken place within the first three months of the HSR being issued.

Furthermore it was not possible to ascertain the exact number of case reviews that took place while young people were on HSRs due to the limited access to files; but also due to the way in which case reviews were recorded. Case reviews for the young people (at least while they were subject to the HSR) tended to be *informal case reviews* between some or all of the professionals involved with the case. These reviews may sometimes include parents and, less frequently, young people. More often than not case files did not state the reasons why parents and young people were not present at these meetings; but in the few cases that a reason was stated it was to indicate that parents and young people had refused to attend.

There was evidence that *informal case reviews* took place for all but one young person. Charlotte's case file was the only one where there was no evidence of case reviews. It is important to note however that in this case I only had access to the most recent case file referring to the period from November 2007, when the current social worker had been allocated to the case, to March 2009, when I read the case file. Moreover, in the cases where I had access to case notes there was some indication that *informal case reviews* were more frequently recorded on those notes than on the case file.

The occurrence and frequency of case reviews in the remaining 11 cases tended to be quite arbitrary and seemed to vary according to social workers' assessment of needs/risk. This was confirmed by four social workers when I queried them about the frequency of case reviews, as Greg's statement illustrates:

"It depends on how the nature of concerns are. In some cases I think when a child is on [HSR] that might be monthly, in other case that might happen twice a year. I think there's quite a lot of variation (Greg, Mr Perfect's social worker)"

As Greg notes, the frequency of case reviews depended therefore on 'the nature of concerns'; that is, on whether young people were at risk of significant harm.

Assessment of needs/risks and their acuteness are, however, arbitrary and varied from one social worker to another. For example; Alex, Ben's social worker, assessment of Ben's needs and exposure to risk diverged from his predecessor despite there being little or no change to Ben's circumstances from the time when the previous social worker left and Alex assumed the case. The same was true in Ross' case where Chris mentioned he had taken a more 'hands on' approach to the case since being allocated to it:

"...I think I have been more effective than the social worker was, to be honest, coz I think the social workers would go and listen to Alan complain about the house and maybe not take it seriously enough, or maybe not have the time because, in terms of her tariffs, he is quite low tariff." (Chris, Ross' case manager)

Although Chris was not referring directly to the frequency of case reviews his quote suggests that assessment of needs are based upon a comparison social workers make between the perceived needs of children and young people in their case loads. Thus, being ‘low tariff’ did not mean the absence of difficulties, but that at any particular time there were other cases in the social workers’ case load which were considered to be higher tariff; and thus requiring more input.

6.4.1 High(er) tariff cases

Case reviews took place more often when young people were engaging in ‘risk-taking behaviour’. The ‘risk-taking behaviour’ label was used to refer to a number of different activities young people were engaging in, as the following passage from Sky’s case files illustrates:

“Risk taking behaviour: alcohol and drug use, absconding, assault with aggravation, theft, breach of peace and being out of parental control.” (Sky’s case file)

‘Risk-taking behaviour’ could include anything from non-school attendance; to consumption of alcohol; to accusations of vandalism, petty theft and burgle; and, in the case of young women, engagement in sexualised behaviour. Similarly to Packman et al. (1986: 51) study of social workers decision to place children into care or not, a comparison between the 12 cases included here reveal that behaviour was more often seen as a problem when it ‘spilled’ into the community attracting the attention or concern of people outside the family. It was, therefore, the young people engaging in anti-social and offending behaviour whose cases were reviewed most frequently; and also the ones who were receiving most services. I shall be returning to this latter point later in this chapter.

The three young people who had had their cases transferred to Youth Justice had fairly regular reviews. Case plan reviews for Tom, for example, were part of the Intensive Support and Monitoring (ISM) package he was put on when released from secure accommodation at the beginning of 2008. Intensive Support and Monitoring (ISM) packages are aimed at children and young people who are identified as high

need/risk and who meet the criteria for secure accommodation as set out in Section 70 (10) of the 1995 Act. ISMs include a movement restriction condition to the SR and put a duty on the local authority to prepare a plan for providing intensive support to the child or young person (Scottish Government, 2008b). Reviews of Tom's ISM package took place at least once a month or more frequently if professionals identified deterioration in Tom's behaviour (i.e. they suspected or there were reports from the police that he was engaging in offending behaviour).

Two young people who had signed an Antisocial Behaviour Contract (ABC) also had more frequent reviews. ABCs "are written agreements between a person (usually a young person) who has been involved in anti-social behaviour and any agencies (e.g. the police or school) whose role it is to prevent further anti-social behaviour" (CJSW). ABCs are not legally binding but they require that a clear plan is made outlining any support to be made available, and any actions that may result if the contract is broken. The contract should be agreed with and signed by the young person (accompanied by his or her parent/guardian) and the agencies concerned. ABCs are supposed to be short-term measures (most last for six months) to deal with anti-social behaviour specifically. Chris, Ross' case manager, indicated that reviews of Ross' ABC were taking place every six weeks.

There were also regular reviews of cases during the periods in which young people had been looked after away from home (Jane, Jimmy, Sky and Tom); and in cases where the young person had been on the Child Protection Register (CPR), both before (Becca, Charlotte and Sky) and during the time they were subject to a HSR (Anissa and Kay).

Interestingly, when questioned about case reviews, social workers did not make a distinction between reviews for HSRs or for other measures, such as ABCs and CPRs. This would suggest that all these different measures became tantamount to one single process; thus putting into question the need for the different labels. However, by having these different measures in place social workers were able to

impose more restricting conditions (as in Tom's case discussed above) and/or to access extra resources, as the following passage illustrates:

“What I've done is I've allowed services for communities to be the case manager in terms of Ross anti social behaviour in the community because they have a whole raft of resources that goes with that. I don't agree with that, I don't agree with that approach, because it's based it's punitive (...) However, because the resource lie there, and in this case in particular, housing resources lie there, then I'm letting them get on (...)” (Chris, Ross' case manager)

By signing the ABC contract Ross was therefore able to access resources which would not be available to him *and* his family otherwise. This quote is particular interesting because it indicates that Chris, as Ross' case manager, did not agree with the philosophy behind ABCs but due to the lack of resources in his department he had no other option but to let services for community to be the case manager. So, access to more resources came with greater loss of freedom for young people and, potentially, their parents and social workers.

Having these extra measures available made sense in the context where resources were scarce and social workers had to differentiate between those who were 'high-tariff' and 'low-tariff' in the allocation of services. I shall be returning to this point later on in this chapter when considering the allocation of services to the young people in the study.

6.4.2 Annual Reviews

As well as frequent care plan reviews, supervision requirements must be reviewed annually, unless otherwise stated by the hearing or if an earlier review is requested by the child, parent(s) or local authority (s73, 1995 Act). Evidence from the case files shows that all young people had their supervision requirements reviewed at least once a year thus complying with the statutory requirement.

During the most recent HSR early reviews had been called for by social workers or Panel Members at least once in nine of the 11 cases I had access to. Early reviews were requested by social workers when young people had engaged in persistent

offending behaviour such as with Becca, Sky and Tom; when there were continuing concerns about young people's engagement in 'risk-taking' behaviour as with Jane and Kay; or when there had been little or no engagement from the family as in Anissa's case during the first few years of the HSR. Early reviews were also requested by Panel Members where there had been a new social worker allocated to the case shortly before the yearly review, as in Ben's and Anissa's case; or because they were not satisfied with the progress that had been achieved by the HSR during the previous year, as in David's case.

No early reviews had been called by young people or parents. This was rather surprising considering young people and parents' reported levels of dissatisfaction and disagreement with HSRs. It may be that parents and young people were not requesting early reviews because they were unaware of their right to do so as this quote from Charlotte suggests:

"Coz when I came out [of the most recent Annual Review] like I was thinking like, I said that to her, 'I don't think I needed to be on that', and then she, it was just really annoying coz she was like, 'well', she says to me, 'we will come back in two months and then if everything is fine we take you off' but then she never! And I was saying to my dad that that's just so annoying, I didn't even need to be on it. My dad doesn't think I need to be on it either, neither does my mum!" (Charlotte)

Charlotte, as well as her parents, disagreed with the outcome of her Annual Review. The social workers told Charlotte that a review could be carried out two months later. However, when the social worker did not pursue the early review, neither Charlotte nor her parents went on to request one. This may be because they did not know that a review could be requested independently of the social worker. It is unclear whether young people and parents would pursue early reviews even if they knew they could do so. Four social workers stated that families who had extended periods of social services involvement found it 'perfectly normal'. The normalisation of social service intervention may therefore be caused, and be a justification for, the continuation of HSRs for long periods of time.

6.5 Allocation of Social Workers and other Services

Local authorities have a duty to implement the supervision requirement; and the responsibility for implementation often falls to social workers. According to the 1995 Act all children and young people should have a social worker allocated to them once they become looked after by the local authority. During the current or most recent HSR all but one young person had an allocated social worker from the Children's and Families Department or from Youth Justice Services (Becca, Sky and Tom). Ross did not have a social worker allocated to his case. Instead the educational officer who started working with him at the end of primary school took over as the case manager at the end of 2008.

Five young people had experienced periods (between 2 to 7 months) without an allocated social worker during their time on HSRs³⁶. Mr Perfect remained without an allocated social worker for two months at the end of 2008; while Jimmy's case was unallocated for seven months in 2004. Becca did not have an allocated social worker for 5 months in 2008. Evidence from case files shows that cases remained unallocated following the departure of the previous social worker. It's not clear, from the information on case files, the reasons why cases remained unallocated; although it is likely that this was due to lack of resources as Martha explained.

“They (Jimmy's family) were allocated for a period of time, and then they were de-allocated for a period of time basically due to staff shortages and things. They weren't seen as a high priority and... they weren't engaging with anybody, so it was sort of pointless to go out constantly to see them” (Martha, Jimmy's social worker)

Martha's statement not only indicates that cases may remain unallocated due to staff shortages but also that the family's unwillingness to engage had been a contributing factor. Allocation of resources was, therefore, not solely based on an assessment of needs but also on families' willingness to engage.

³⁶ Four of the five young people had been on a continuous HSR for a period of up to four years. Jimmy had been on a continuous SR since 2001, being accommodated for 15 months between 2006/07.

6.5.1 Staff changes

Eight out of the 12 young people had changed social workers at least once during the most recent HSR³⁷. Table 18 below indicates this point well and shows there was little stability in terms of social workers allocated to the case for most young people.

Table 18: Total number of social workers allocated to the case from the start of most recent HSR

Young person	Start date of most recent HSR	Number of social workers allocated to the case (up till March 2009)
Anissa	2001	Five
Becca	2006	Four (three from Children's and Family and one from Youth Justice)
Ben	2007	Two (plus two social workers from previous HSR)
Charlotte	2005	Five (plus duty social worker before being subject to the HSR)
David	2007	One
Jane	2005	Three (plus duty social worker before being subject to the SR)
Jimmy	2007	One (plus three social workers from previous SRs)
Kay	2006	One
Mr Perfect	2004	Four (plus duty social worker before being subject to the HSR)
Ross ³⁸	1998	Two
Sky	2008	Four (three from Children's and Family and one from Youth Justice)
Tom	2008	Two (one from Children's and Family and one from Youth Justice)

At the time of the research four young people had been working with their allocated social worker for less than a year; and another three young people were about to have new social workers allocated to their cases (one of which had had his previous social worker for less than 10 months). Six young people and three parents were satisfied

³⁷ Most recent HSRs here were in place anything between 1 and 10 years.

³⁸ According to Chris, Ross' case manager, Ross has spent some time in foster care but as I did not have access to his case files it was not possible to verify the exact dates. For this same reason it was not possible to ascertain how many social workers had been allocated to the case although from the interview with Chris and Allan (Ross' father) it was clear that before Chris there had been a social worker allocated to the case.

with the social worker assigned to them at the time of the interview as this passage illustrates.

“Coz its horrible when they say awright ye’ve got to to get a new social worker and ye’s are like that..... “Oh no who is it?” So but we’ve had Martha for years now about six years, seven years.” (Louise, Jimmy’s mother)

Louise talked about Martha as a friend who she could trust. According to both Louise and Martha it had not always been like that. In the beginning Louise avoided Martha, as it had been the case with previous social workers. With time however, Martha was able to gain the trust of the family. This was because she had been working with the family for years now. Young people, parents and social workers agreed that changes of social workers had a negative impact on the relationships they could forge, resulting in difficulties in the implementation of HSRs.

Social workers noted that they often did not have the time to build relationships with service users which would allow them to work more closely together. Mary, for example, in explaining how easy it had been to engage with David and his family said:

“I could build a relationship with them but it took a lot of time and a lot of going nowhere in particular to get at that stage and I think that if it had been another, you know, someone with a higher case load who would not have managed that, and it’s about building relationships, erm, if you don’t have the time to do that then it’s very difficult to make progress. So, yeah, it took a lot of time it took a lot of running around” (Mary, David’s social worker).

Time was therefore a commodity to be invested; one which social workers did not have much of. It seems that when time was not invested young people and parents were less willing to trust professionals.

Four parents also noted that another difficulty arising from frequent changes of social workers was that individual professionals had different views of what, when and how things should be done with regards the case.

“That’s another issue as well, all these different social workers, everyone with a different opinion so what’s right?” (Tonie, Anissa’s mother)

Two other parents noted that this was also the case when a number of professionals from different agencies were involved with the case, as in Tom’s case

“(Tom) was getting told one thing from one of them and a totally different thing from somebody else. And it was confusing me.” (Lorna, Tom’s mother)

Three social workers recognised that when they took over the case they had adopted a different approach to that of their predecessors.

“So the line I am taking with Sophie and her mother is not a very popular one which I thought I really had to take when this information (become clear to me); it hasn’t been acted upon in the same way by my predecessor I must say (...).” (Alex, Ben’s social worker)

Young people and parents reported that frequent changes of social workers and other professionals resulted in a great deal of confusion; as Lorna’s quote above illustrates. This contributed to young people and parents’ unwillingness to engage with professionals as this passage from the interview with Sky illustrates

“There was a social workers for three months and then there will be another social worker for the next couple of months and then another social worker for the next couple of months so it was like a confusing situation (...) Aye, it was hard to speak to people like that because they didn’t ken you, eh, they didn’t ken!” (Sky)

Social workers agreed that where there had been frequent changes of social workers and/or they had had little or no time to do direct work with young people and their families it was more difficult to carry out their duties. This view echoes that of the professionals consulted by Murray et al., (Murray et al., 2002a) who suggested that more social work time was the most important factor in improving HSRs.

6.5.2 Contact

National guidance states that social workers should visit the family within two weeks of the HSR being made; or immediately if there is evidence that there are significant

risks for the child or young person. In only one of the 11 cases it was possible to establish that the social worker had contacted the family within the two weeks period.

6.5.3 Frequency of contact

Local authorities should, from time to time, check whether the conditions imposed by the supervision requirement are being met (1995 Act s. 71 (1-3)). It does not establish, however, how frequent contact should be. Again, it was not always possible to obtain an accurate picture of the frequency of contact between social workers and the family. Some of the information regarding contact with the families was recorded in case files. However, judging from the cases where I had access to case notes, information relating to contact seems to be recorded in greater detail in the case notes. From the information that was available to me it seems that the frequency of contact varied considerably from case to case, and throughout the duration of the HSR.

As with case reviews, the frequency of contact was based on social workers' assessment of young people and families' needs at any given time as the following statement indicates:

“Oh, at the moment is eh it's just kind of needs lead, at the moment its 4-6 weeks erm which in crises it can be 3 or 4 times a week on the phone or a visit just kind of depending on what K needs at any one time.” (Megan, Kay's social worker)

Contact was therefore more frequent when there was a crisis and the case was considered 'high tariff' and lower when the situation was stable and the case was considered to be 'low tariff'.

There was however two other factors influencing the frequency of contact between social workers, and young people and their families. First, evidence from case files highlights that contact was also dependent on young people and families' willingness to engage with social services as these passages from Anissa's case file illustrates:

“In august 2004 the case was allocated to [social worker] to complete a report for the review hearing on 6 September 2004. Despite Tonie failing to make appointments to allow a thorough report to be completed, the social work recommendation was for the supervision requirements to be terminated due to improvements in school attendance, presentation and meeting health appointments.”

“Tonie failed to keep three appointments with [social worker] between April-May 2005. [Social worker] only managed to meet with Tonie once between June and August, missing five other appointments.”

These examples thus show that social workers were unable to carry out their duties because parents had failed to make or keep to appointments. As mentioned previously, the responsibility for the completion of work is posited on parents and, in some cases, young people. At no point there seemed to be a questioning of the approach being taken with these families, and a consideration of the reasons why they might be unwilling to engage.

Second, social workers indicated that the frequency of contact was also determined by their case loads.

I certainly would prefer spend more time with Kay and I would prefer spending more time with Kay now, unfortunately, your case load doesn't allow for it (Megan, Kay's social worker)

This again points to lack of time and other resources as a key theme in social workers' narratives; and I shall be further exploring this in the next Chapter.

6.6 Other services

All young people had access to resources and services in addition to social work input. Which services were offered and when varied according to what was perceived to be the main concern to be addressed and the resources available at any given time³⁹.

³⁹ See appendix 4 for a list of the services made available to young people and their parents.

6.6.1 Focus of services

When concerns were mainly with parental substance misuse services were mainly targeted at parents with the view to address this misuse. These services were provided to parents by statutory and non-statutory agencies with some involvement from the social workers managing the cases. When concerns were related to non school attendance services were primarily provided to the young person by the school with some social services involvement. Concerns relating to young people's engagement in anti-social or offending behaviour resulted in various services being made available to the young person, and also some to the family.

It is important to note that these concerns were often intertwined and young people moved between these groups. Anissa, for example, had been subject to a HSR for non school attendance; however, evidence from case files suggest that at the time the main concern was with regards parental drug misuse most services made available to the family were targeted at her parents. As Tonie became stable on a methadone program, concerns relating to Anissa's behaviour at school become more prominent and services were increasingly targeted at her. The school had provided most of these services, which aimed to address some of their concerns with regards to her behaviour at school and in the community. Thus, identification of one area of concern, and attempts to bring that under control, often lead to the identification of other concerns in a reflexive process that mirrors the manufacturing of risks in late modernity.

6.6.2 Nature of services

The services offered to young people were, initially, mainly therapeutic in character. Some services, such as Out-reach⁴⁰ and Young Carers, encouraged young people to talk about their experiences in order to consider their attitudes and behaviour; the impact these had on them and others. Others, such as Befrienders and Links, offered activities in order to provide young people a space to reflect and the opportunity to engage with new experiences and encourage, amongst other things team work. Most

⁴⁰ The names of some services were changed because, as they are only offered locally, it would be possible to identify the local authority where the research was carried out.

of these services would offer young people outings and activities which they might not have the opportunity to engage with otherwise.

It was often unclear from the information in case files, as well as from the interviews with young people, parents and social workers, what had been the aim in referring young people to these services. It was also often unclear what impact, if any, these services had on young people. It seems that for six young people who were not attending school and/or engaging in anti-social and offending behaviour these services were put in place to keep them, at least temporarily, 'out of trouble' as this passage from Kay's case file indicates:

"Concern that summer holidays approaching and she [Kay] has no structure – and that is when, historically, problems emerged."

Kay was then referred to Links which provides short courses to develop confidence, social skills and co-operation. Not only did this course provide Kay with structure, but it kept her under the watchful eyes of 'responsible adults' that could teach her valuable skills. This is a very similar approach to that adopted in the 19th Century where those children who offended, or were at risk of offending, would be sent to institutions to pass them the skills required to lead "a law-abiding and moral life." (Rose, 1990: 152) This function is often performed by schools but, in cases where children and young people refuse to attend, other agencies are drawn in to fulfil this role. The aims of the programmes they offer is to control and contain the inadequately socialised young person (Smith, 2012).

As young people approached their school leaving age there seems to be a shift on the focus of most services. Some therapeutic work might still be carried out but the emphasis of most services shifts with the focus being on young people's transitions into training, employment and, ultimately, independent living. As young people approached their 16th birthday, they were closer to becoming adults and expected to take on more responsibilities. Thus, instead of being offered leisure activities they were offered professionalising ones. In this final attempt to shape young people into the future labour force they are told that if they show some commitment they might

be saved from a terrible future of unemployment and under-employment. The focus is on taking responsibility for one's future and becoming self-reliant.

6.6.3 Intensity of services

Young people who were said to be engaging in 'risk-taking' behaviour were the ones that had most services in place. As aforementioned, 'risk-taking behaviour' included a number of activities such as non-school attendance; engagement in anti-social and offending behaviour; and, in the case of girls, sexualised behaviour. I have also previously argued here that it was those young people whose behaviour had 'spilled' into the community (i.e. those engaging in anti-social and offending behaviour) who were receiving the greatest number of services because their cases were perceived to be 'high tariff'; as Ross' case illustrated.

The fact that young people engaging in anti-social and offending behaviour were accessing the greatest number of services might be due to the fact that more resources were being allocated to youth justice due to a general preoccupation with a perceived increase in the number of young people engaging in anti-social and offending behaviour (Deuchar, 2009, Toynbee and Walker, 2010).

6.6.4 Lack of resources

Lack of resources is often seen as one of the main barriers to the implementation of social welfare programs. As resources are limited, most service providers have established criteria (i.e. age, type of referral, low or high tariff, area where they live, etc) in order to determine who are eligible for their support. Moreover, referrals to services often took time to be assessed and young people and their parents might have to wait months before being able to access any support.

Ben for example had been referred to the Blue Sky project, a service for primary school children whose parents are misusing drugs. Blue Sky aims to care for and improve children's mental health. Ben was referred to this service in August 2007 but the sessions did not start until September 2008. Ben's mother, Sophie, said he really enjoyed going to the sessions but the service was terminated once Ben started

secondary school. This was because he no longer met the stipulated criteria – he was no longer of primary school age. Both his mother and social worker were of the opinion that it would have been beneficial to Ben to continue attending sessions to lend support towards the care and improvement of his mental health but, at the time I interviewed them (May 2009), no such service had been found for Ben. This was not an isolated case and evidence from case files indicate that getting resources for this particular age group (12-15 years old) was difficult – unless they were engaging in anti-social or offending behaviour, in which case much more services were made available.

All social workers agreed that lack of resources was a key difficulty in the implementation of HSRs; with specialist resources for teenagers identified as being a particular problem as the following passage suggests:

“So the supervision order has the power to attach a condition of attendance at a particular school but they can’t make that condition on the supervision order if the place is not available and that’s the usual problem for anti social behaviour or offending behaviour out of control behaviour with teenagers is that the facilities that can deal with them and deal with that behaviour and provide services and education always got a massive waiting list and by the time you get a place there usually things had to go way beyond rebel in order for them to justify the place and they get it a year after they needed it, and only for a year then they are 16 so... but that’s my view on supervision orders just they’re...really not effective if you can’t get the resource that you assess is required or that the panel members say you should have and they are always diminishing” (Chris, Ross’ case manager)

Lack of resources meant that services could only be offered for short periods of time. Moreover, there were concerns with regards the quality of these programmes. Five social workers referred to the need for better quality services as the quote below illustrates.

“it would have been helpful to have more options err... and more quality options you know, because there are plenty of kind of slightly half baked life skills courses you know and actually... what big difference do they make, you know (...)” (Paul, Tom’s youth justice worker)

Lack of resources is certainly a major barrier to the implementation of HSRs. It is not clear however how more resources in and of itself might improve the circumstances

in which young people and families find themselves. First, as Paul suggests, not only was there a need for more options, but more quality options.

Second, in those cases where young people were receiving a relatively high number of services both they and their parents complained that they had too many services allocated to them. Becca, Sky and Tom, all of whom had their cases transferred to the Youth Justice Team, and their parents reported that there had been too many people involved with their cases. They found that having all these different services in place had been counterproductive as professionals diverged on their approaches and often had contradictory views on what should be done and how to proceed. Lorna summarises this well by saying that

“...to me, there were so many people involved with Tom at one point, it was very full on, very full on and eh he got one story from one person and one story from another and there was so much lack of communication between everybody. (Lorna, Tom’s mother)

Note that not only professionals had contradictory views, but they failed to communicate with each other resulting in the families being told conflicting stories which, at least in Lorna’s case, hindered rather than helped her.

Where a number of services were in place there was also more likelihood that work might get duplicated. For example, between 2007 and 2008 Becca had workers from one statutory and three non-statutory agencies, all carrying out at least some work focusing on self-esteem. In April 2008 the Out-reach worker suggested that this service should be terminated as she felt that there was some duplication of the work being carried out as this passage from Becca’s file illustrates:

“Out-reach have been supporting Becca for approximately one and a half years. This initially focused on Becca running away from home. [Worker] advised that the support consisted of Becca’s personal development and linking into the positive aspects of her personality as she felt that she may be internalising many of the negative reports about her. She also offered her positive role modelling and support around relationships and family. [Worker] suggested that she might exit from support as there seems to be some duplication in work...”

Thus, it may be that simply having more resources in place is not sufficient to bring about positive outcomes to young people and their parents.

Nonetheless, young people, parents and social workers agreed that one key aspect of HSRs was the ability to access resources otherwise not available to these families. Five young people said that being able to access these resources was an important aspect of HSRs.

“It [HSR] helped me really a lot to be honest. It helped me to get the Passport thing, to get me on Lighthouse, erm, helped me through with school, it even almost helped me getting into a band.” (Jimmy)

For parents, being able to access services was the only, or one of the main benefits of the HSR.

“And I have to say, the only, the only positive (thing) of having a social worker would be the fact that I was able to go and get Becca into a drama class” (Jamie-Lee, Becca’s and Sky’s mother)

Parents were particularly positive about practical assistance offered to them with things like dealing with service providers (i.e. gas and electricity, landlords) and paying bills.

Although services were largely a positive aspect of HSRs, it seems that, at least to some extent, resources were used as a moralising strategy – parents and young people who did not comply with HSR had services withdrawn. A number of different services to eight young people and four parents had been withdrawn because it was deemed that they were not engaging. This could be either because service users were not allowing professionals into their houses, not showing up for sessions or not following instructions when they did show up (although in some cases the assessment of non engagement seemed to be purely based on personal opinions and varied from one professional to another). The issue arising from the withdrawal of services was that once withdrawn there were no guarantees they could be accessed again.

6.7 Discussion

The evidence presented here indicates that key statutory requirements were, to an extent, being met - but not as prescribed by legislation. As noted above when young people were subject to a HSR they did not have a *formal care plan* but an *informal care plan* and, for those who had their cases transferred to Youth Justice, a SMART plan. The nature of these plans was in sharp contrast with the requirements of the 1996 Regulation which establishes that care plans should specify all the arrangements being made for the child or young person being 'looked after' by the local authority and should have clear, specific and achievable aims and objectives (R. 6). There was some evidence to indicate that case reviews were taking place but, as highlighted here, information was often missing and incomplete and so it was not always possible to determine how regularly case reviews were taking place; or how regularly social workers visited families.

As aforementioned, case files were of interest not because of what they record but how they construct subjects and facilitate the management of individuals and populations – in this case young people and their parents. What was interesting about these accounts was how practice was justified.

First there was the responsibilisation of young people and parents. Information in the case files indicated that often aims and objectives within care plans were not pursued, reviews and contact were not carried out, services were not delivered because young people and parents were unwilling to co-operate with the social worker. At any point these accounts question the validity of the approach being taken with families – the assumption is that professionals *always* knows what is in the best interest of the young person and, by default, his or her family.

This is similar to the concept of the 'entrepreneurial self' as proposed by Rose and Miller (1992). According to Rose and Miller neo liberalism introduces the notion of the entrepreneurial self – the autonomous and free individual that makes his or her own decisions as they see fit for the maximisation of the quality of their lives.

“For neo-liberalism the political subject is less a social citizen with powers and obligations deriving from membership of a collective body, than an individual whose citizenship is active. This citizenship is to be manifested not in the receipt of public largesse, but in the energetic pursuit of personal fulfillment and the incessant calculations that are to enable this to be achieved.” (Rose and Miller, 1992: 201)

Kelly (2006: 18) argues that “Neo-liberal discourse does not simply governs the economy, it also serves as a means to govern the self via the “*rational, autonomous, responsible*” behaviours and dispositions of a *free, prudent, active* Subject”. The entrepreneurial self of neo-liberal discourses is the adult self made possible by the continuing investment of resources in, and the appropriate use of these resources by, the individual. It is individual’s responsibility to use these resources to pursue the ‘good life’. This is a sign of self-efficacy, of normality. Those who do not have access to the resources and/or do not use these resources appropriately are those who are constructed as being ‘at-risk’. They need to be supervised and risks managed so that their futures are not further jeopardised by their lack of self-efficacy. Social workers’ role is therefore to monitor and manage personal risk. Individuals that fail in the task of managing risk are seen as imprudent and thus the intervention of the state is justifiable in these terms. Thus, the ‘at risk’ discourse has to be understood as a disciplinary technique that emerges in neo-liberal society and which aims to produce responsible subjects.

Moreover, as Smith (2012) argues, in the neo-liberal discourse of responsabilisation the Dionysian/evil child of criminal justice discourses is no longer simply constructed as not innocent but also as responsible. They are offered choices and, at least in theory, the opportunity to participate in decisions about their future. Although these strategies might seem as empowering they “may serve to stigmatize ‘irresponsible’ children and their parents in ways which reinforce the effects of structural inequalities.” (Smith, 2012: 34) In this process wider inequalities are ignored and it is the individual who becomes responsible for the ‘project of the self’.

The problem was therefore defined as a ‘personal problem’ of parents, young people or both; rather than a social issue (Mills, 1959) with a surprising hiatus about

families' socio-economic circumstances (see also McGhee and Waterhouse, 2007). As Packman et al (1986: 47) noted about how the problem was defined by social workers making decisions about the care of children and young people:

“The circumstances in which such behaviours or risks occurred – the material and financial conditions of the family, its structure and marital relationships, its health problems and so on – were much less likely to be seen as a major component” (Packman et al, 1986: 47).

The hiatus on poverty may be due to the notion currently promoted by political discourses where poverty is self-inflicted, the product of ‘criminal predispositions and intentions’ (Bauman, 1997). Such discourse is in accordance with the ‘under-class’ thesis and justify the increased interference of the state into the private life of poor parents (Bauman, 1997, Katz et al., 2007, Toynbee and Walker, 2010). As Katz and colleagues (2007: 5) note:

“Fundamental to this way of thinking is that poverty is caused (or perpetuated) primarily by inadequate parenting and/or family breakdown. Also that many materially deprived parents are dislocated from ‘mainstream’ society and its values, in particular the value of participation in the labour force and of behaving in a socially responsible manner”

In this increasingly popular discourse “welfare provisions have been transformed from the exercise of citizen’s rights into the stigma of the impotent and the improvident” (Bauman, 1997: 37) and benefits are re-conceived as the ‘wages of sin’. Poverty is therefore constructed as a moral problem of the individual rather than a structural issue of society. As I shall be arguing in the next Chapter it seems that this view of welfare provision, and the stigma attached to dependence on welfare benefits, may contribute to young people and parents’ unwillingness to engage with social workers.

The second feature of practice which is directly related to the first, and featured prominently in case files, as well as in interviews with social workers, was the centrality of the identification of risks in day to day practice. In their study of HSRs

Murray et al (2002) note there is a disjuncture between the formal, legal status of children on home supervision and practice. The evidence from case files, and interviews with social workers, indicates that this is due to the rationalisation of services in a context of increased demand and dwindling resources (Otway, 1996, Parton, 1996, Parton et al., 1997). In this context choices have to be made about how to use scarce resources in the most 'efficient' way; and it is in this context that the identification of 'high risk' takes on particular significance. As I have previously argued, young people who were identified as engaging in risk taking behaviour, but particularly those whose behaviour had 'spilled' into the community, were the ones which attracted most attention from people within the community and, consequently, most resources. This did not mean that their needs were more or less acute than that of other young people; but that at any one time their 'needs' were more visible than those of other young people whose behaviour did not spilled into the community.

The information within case files is also produced in order to increase professionals' accountability. It records what has been done, and when, so that if anything does not go according to the plan it is possible to identify what went wrong and, perhaps most importantly, who to blame. Not only does it facilitate government at a distance of both young people and their parents, but also of social workers who can have their practice studied and judged through the evidence collected in the case files. The quality of their practice is then judged according to whether it complies with what is deemed normal, by policy, in terms of assessing and managing risk. Social workers are not, however, power-less in this process and they might even be complicit with this form of power relation. As noted in Chapter 3 all power relations have their "own risks of conflict, of struggles, and of an at least temporary inversion of the power relations." (Foucault, 1977: 27) Thus, if information in case files is not complying with that what is expected this might be a 'strategy of struggle' whereby an action (i.e. policy requiring a care plan) is contested by another action (i.e. the creation of informal care plans) and the interaction between these actions may eventually lead to different policy and practice.

6.8 Conclusion

One of the objectives of this research was to explore whether, and to what extent, the Children (Scotland) Act 1995 and the accompanying Arrangements to Look after Children (Scotland) Regulations (1996) were being followed⁴¹. The findings presented here seems to confirm Murray et al (2002) earlier findings that key requirements were not being fully implemented, particularly regarding care plans and reviews. However, this is often done in a context of the rationalisation of services, where the identification of risks becomes a key consideration of how resources are allocated. In the next chapter I will be further exploring stakeholders' views and experiences about HSRs and look at how they negotiate this compulsory intervention.

⁴¹ It is important to note that in September 2009 *The Looked After Children (Scotland) Regulations 2009* came into force.

Chapter 7: Views and experiences about HSRs

7.1 Introduction

The key aim of this study was to explore the views and experiences of young people, parents' and social workers' concerning HSRs. The interviews with these stakeholders produced in-depth data about their views and experiences and due to the limits imposed by the length of this thesis, it is not possible to cover all of the themes to emerge from their accounts. In this chapter I will be focusing on the themes which, I believe, are the most helpful in providing an understanding of what HSR are for – that is, how they exercise control and to what effect.

During the first section of this chapter I will consider what were, according to young people, parents and social workers, the reasons for the HSR being issued and maintained on young people. In the second part I will explore some of the strategies of struggle that young people, parents and social workers had to devise in order to negotiate the power relation they were engaging in within the confines of the compulsory measure.

7.2 Reasons and justifications for HSRs

Young people are subject to HSRs because at least one of the 12 conditions, as established by section 52 (2) of the 1995 Act, have been satisfied. The conditions to be met are if the child:

- a. is beyond the control of any relevant person;
- b. is falling into bad associations or is exposed to moral danger;
- c. is likely
 - I. to suffer unnecessarily; or
 - II. be impaired seriously in his health or development due to lack of parental care;

- d. is a child in respect of whom any of the offences mentioned in Schedule 1 to the [1975 c.21] Criminal Procedure (Scotland) Act 1975 (offences against children to which special provisions apply) has been committed;
- e. is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed;
- f. is, or is likely to become, a member of the same household as a person who has committed any of the offences referred in paragraph (d) above;
- g. is, or is likely to become, a member of the same household as a person in respect of whom an offence under sections 2A and 2C of the [1976 c. 67] Sexual Offences (Scotland) Act 1976 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
- h. has failed to attend school regularly without reasonable excuse;
- i. has committed an offence;
- j. has misused alcohol or any drug, whether or not a controlled drug within the meaning of the [1971 c. 38] Misuse of Drugs Act 1971;
- k. has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes;
- l. is being provided with accommodation by a local authority under section 25⁴², or is the subject of a parental responsibility order obtained under section 86⁴³, of [the] Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others.

⁴² Section 25 1 (a- c) of the 1995 Act sets out that local authorities shall provide accommodation for any children residing or being found in their area if: (a) no one has parental responsibility for her or him; (b) she or he is lost or abandoned; (c) the person responsible for her or his care is unable, either permanently or temporarily to provide suitable accommodation or care. The views of the child should be taken into consideration before accommodating her or him (s.25 (5)). When a child is accommodated under section 25 it is commonly said that the child is subject to voluntary measures of supervision.

⁴³ Section 86 of the 1995 Act refers to parental responsibilities orders (PROs). Section 86 (1) establishes that following an application from the local authority the sheriff can make an order to transfer parental responsibilities to them. PROs were ended with the Adoption and Children (Scotland) Act 2007 and replaced with a more flexible 'permanence order'. Unlike in England and Wales parental rights are not automatically transferred to the local authority once a child becomes looked after.

As aforementioned in Chapters 2 and 5 such divisions are not as straight forward as this list suggests and it is not unusual for children to be referred on multiple grounds at any given time, and on different grounds over the years. All 12 young people included in the study had been first referred to the Reporter due to concerns related with lack of parental care and protection; but might have been subject to a HSR on a subsequent referral for non-school attendance as was the case for David and Kay, for example.

Looking at the *most recent* referral for the young people in the study's sample five had been referred due to 'lack of parental care' (grounds c); five due to 'allegedly committed an offence' (grounds i); one for being 'victim of a schedule one offence' (grounds d); and one for 'non school attendance' (grounds h)⁴⁴. These are the 'official' justifications for the HSR. However, these official justifications only tell part of the story and often conceal the complexity of the situation where young people, and their families, might be experiencing multiple difficulties.

What I discovered was that the narratives from young people, parents' and social workers', as well as evidence from case files, pointed to a number of different reasons and justifications for the HSR. The various stakeholders were not always in agreement about what had triggered the intervention, or what might have contributed to its continuation for what was, in most cases, a considerable length of time.

7.2.1 Young people's behaviour

Concerns about a young person's behaviour were frequently cited as the primary reasons for HSRs. When asked what factors contributed to the HSR being issued six young people reported that it was their behaviour which had triggered the intervention. Kay's quote below is a good example of the different types of behaviours young people were engaging in and which had resulted in a HSR.

⁴⁴ Most recent referral here refers to the last recorded referral in the case file at the time of the research. Case files were consulted between March and October 2009.

“Oh, I was arguing with my mum, I was getting in trouble with the police, I was just...a little git. I’d get into trouble...I wouldn’t go to school, I would skive school, I’d just... argh it’s just been really bad. I would refuse to meet with my social worker every time she was coming I would run away. I was just way out of control of my mum, she couldn’t control me.” (Kay)

In this passage Kay is clear that it was her own behaviour that had caused the intervention – there were no other contributing factors. By telling me that she was ‘out of control’ Kay reproduces the official account of what had happened. Moreover, she absolves her mother of any responsibility for that because she ‘couldn’t control’ Kay. In these cases young people took responsibility for the intervention – they were the ones to blame for the HSR – thus emphasising their agency.

In three cases where young people took responsibility for the intervention, they also took responsibility for the progress or the lack thereof during the HSR. Becca, for example, explains that there was nothing to be achieved by the HSR because it was her decision when to stop engaging in ‘risk-taking’ behaviour:

“Aye, they have like, asked ‘how are we gonna stop you behaving like that’, and then I was like, ‘I don’t know, you are not’. Like, each one makes their own choices, eh?! Like, you know what I’m saying?”

As in the previous quote by Kay, by affirming that it was her choice when to stop ‘behaving like that’ Becca was ascertaining her agency and, consequently, taking on the responsibility for her actions. I shall be returning to this point later when considering young people’s strategies to distance themselves from the ‘troublesome’ label placed on them.

Similarly, seven parents reported that it was young people’s behaviour which had triggered the intervention. For example, when I asked Lorna what had triggered the HSR for Tom she replied:

“I mean I had problems with Tom since he was about 10 or 11 (...) At that point he wasn’t getting into trouble, he was in primary 7 and he was refusing to go to school.” (Lorna, Tom’s mother)

The problem is therefore the young person’s behavior and other factors tended to be ignored or minimised.

Social workers, also mentioned young people’s behaviour as the main reason for the HSR in those cases where the young person was identified as engaging in ‘risk-taking’ behaviour – that is, in nine out of the 12 cases. However, in six out of these nine cases social workers were keen to highlight that young people’s behaviour was a consequence of one or another form of parental (i.e. maternal) deficiency. This is in line with the view that child’s maladjustment is a failure of the mother or a consequence of abuse and neglect within the family (Rose, 1990).

Interestingly, it was in the cases where young people’s behaviour had been cited as a reason for HSRs that there was most agreement between the ‘official’ reason for HSRs and the different stakeholders’ views. Kay’s case is a good illustration of how there was an agreement between all stakeholders that young people’s behaviour had been a significant reason for the HSR. As the quote above illustrates Kay indicates that she was subject to a HSR because she was ‘way out of control of’ her mother. Pam, Kay’s mother, also identified Kay’s behaviour as the cause for the HSR as the following passage indicates:

“Basically she was being a little terror, total terror. Running away from home, getting herself with the crowd, the wrong crowd, drinking, don’t know anything about drug taking but you can never tell with kids, you know what I mean. just being a total terror total.” (Pam, Kay’s mother).

Kay’s social worker also identified Kay’s behavior as the main for the HSR. When I asked Megan what had been the reason for the HSR she replied that:

“I think, really looking back we were looking a lot at her attachments and erm her ability to erm, manage authority as well ‘cause it spell out into the community as well, she was getting into a lot of trouble in the community erm getting into fights throwing stones at peoples’ windows being abusive to

people in the street erm and that just I supposed that it was a knock on effect from the loss of her gran and you know, we did a lot of work round about loss for her as well. But really struggled with school erm...just couldn't manage in the size of class she was in so she was moved she was excluded she was excluded a few times and then finally excluded" (Megan, Kay's social worker)

This passage is quite revealing because although Megan agree with Kay and Pam that it was Kay's behaviour which had triggered the intervention, she also provides an assessment of what the underlying factors might be for that – poor attachments and bereavement. As I shall be further discussing in the next section, all but one of the social workers interviewed suggested that it was parents' behaviours that had lead to the HSR.

7.2.2 Parents' behaviour

Young people were also subject to HSRs when concerns were raised with regards to parents' attitudes and behaviour and the impact this was likely to have on the child. Parents' behaviour was most frequently mentioned as the main reason for the HSRs by social workers – in fact, all but one social worker reported that parents' behaviour had, at least indirectly, been a reason for the HSR. This concern was mostly visible where drug misuse was an issue.

In six cases social workers identified a number of behaviours that parents were engaging with and which were a reason of concern; as the following passage illustrates:

"I think there were two main concerns which lead to supervision, one was his mother's mental health, erm, she had periods when her mental health deteriorated and she was quite low and certainly in the last two, three occasions suicidal. The other key thing was her drug use coz she was, although not...she has been on a methadone prescript for some time, there was a period when she wasn't, she was using drugs, using heroin. There also had been concerns about previous partners." (Greg, Mr Perfect's social worker)

Greg identified three concerns: poor maternal mental health, drug misuse and domestic violence. This was hardly an isolated case when considering the 12 families

included in this study and all families were grasping with multiple vulnerabilities and chronic problems.

Evidence from case files and interviews with social workers indicate that parents' behaviour, and their parenting styles, was perceived by social workers as the root of most, if not all, problems and required addressing. Social workers described the parenting styles of eight parents as being inconsistent and weak. In two cases the relationship between the parent and the young person was described as a friendship as the quote below illustrates:

"Sometimes they are the best of friends but friends rather than mother and daughter I would say very much friends or Caroline will try to play mum, Caroline will try to be her mum but just don't know how to be her mum if you know what I mean" (Martha, Jane's social worker)

The problem in these cases according to social workers was that parents (i.e. mothers) did not know how to be 'proper mothers' resulting in the maladjustment of their children. Interestingly, fathers were largely missing from social workers' assessment of parenting capacity.

When parents' behaviour was a cause for concern, social workers talked about the need to monitor the situation to keep young people safe. HSRs were in this case a safeguard

"(...) there are often times where you got concerns about a child, the sooner you can get him on a home supervision the better (...) social workers are quite anxious till they get to the point of supervision because we know then what it brings and how it can work. Without that there it's erm...create anxiety, creates stress and more concerns that when something happens we have less ability to act." (Greg, Mr Perfect's social worker).

The HSR could therefore be seen as a way in which to keep families under surveillance, in some cases for years on end, so that if at any point there were concerns about the child then social workers could take swift action. Alex, Ben's social worker, explained that without the HSR in place social workers had to go

through the ‘higher test’ of the Child Protection Order where the case of significant harm has to be made before action can be taken.

There was less agreement between the different stakeholders when it was parents’ behaviour that had been a reason of concern for professionals. Ben’s case illustrates this well. When I asked Alex, Ben’s social worker, what had been the reason for the HSR he summarises the concerns as follow:

“...the main problem with Ben is his mother’s drug use. Sophie has a long term, erm, drug dependency, basically heroin, erm, so the issues have been about her, about her lack of parental care for Ben.” (Alex, Ben’s social worker).

For Alex it was Sophie’s behavior (i.e. drug misuse) which was the sole reason for the HSR.

When I asked Sophie why Ben had been subject to a HSR she replied that it had been due to problems at school:

“It was just his ADHD (he was just not) coping with school, he was always late because he did not want to go.” (Sophie, Ben’s mother)

Sophie recognized that there had been problems with regards drug misuse in the past, but she considered this to no longer be an issue. Ben confirmed this account:

Andressa: and why do you think they decided to put you on supervision?

Ben: because they were worried about me

Andressa: Were they? What was happening that they were worried about you?

Ben: eh, my mum was in drugs; but that was (ages ago)!

Thus, although Sophie’s drug misuse was still seen as a problem by the social worker, and one which required monitoring, Sophie and Ben reported that it had been a problem ‘ages ago’. In doing so not only were they contesting the social worker’s knowledge of their situations but were also reclaiming Sophie’s identity as a good mother because the drug misuse was ‘ages ago’ and therefore no longer relevant. As I shall be further discussing in this chapter, faced with the perspective of having a

stigmatising label placed on them parents devised a number of ways in which to claim back their identities as ‘good-parents’.

7.2.3 Accessing resources

There was also some evidence to suggest that HSRs were being put in place so that young people and their families could access resources. Sophie (Ben’s mother) and Lousie (Jimmy’s mother) reported that they had been advised by a social worker and an educational welfare officer respectively that if they wanted assistance from social services they would have to request a HSR.

“And in order to get a social worker they told me I needed a supervision so I went to the Children’s Panel like a wally and said, ‘listen, my child needs to be on supervision, can you put him on?’ I didn’t realise what I was saying because I was just taking for word what the social worker was saying ‘coz you wouldn’t expect the social worker to lie to you, hey?!’” (Sophie, Ben’s mother)

In this case the parent had explicitly been told that if they wanted help, they would have to accept the compulsory measure. On one hand, Sophie claims some agency within this process by saying that she went to the Children’s Panel and asked them to place Ben on supervision. On the other, however, she is clear that she would not have done that if she fully understood what it entailed.

Another two parents talked about how young people had been kept on HSRs so that they could continue accessing resources. Bob, Kay’s grandfather, explained how she could have had the HSR removed when she reached her school leaving age but that, following the social worker’s recommendations the Panel had decided otherwise:

“She could get it taken off her, erm, in December when she left school but Megan, her social worker and Sonia, her co-worker, from the working together programme, eh, they said that she would be better off staying on it until she is at least 18, unless she goes into the navy, that way, if she decides that she wants to get her own place to live, she stands a better chance to getting it ‘cause she’s on supervision.” (Bob, Kay’s grandfather).

Three social workers were also quite explicit about the need to keep young people on HSRs so that they could continue to access support and resources. Mary, David's social worker, was keen to continue David's HSR after he had reached his school leaving age because she believed that otherwise the support she was able to offer him would no longer be available:

“If he comes off supervision I have to close the case pretty quickly and, you know, I have been around for the past two years, and I think it would be helpful for me to be around for the next six months but the chances are I won't be but I think he needs somebody.” (Mary, David's social worker)

In this case Mary wanted to continue the HSR so that she could continue to support David; however, as his case was no longer perceived to be 'high-tariff' it was likely that the supervision would be removed once he turned 16 years old. This was not something Mary wanted to do, but something which she had to, due to the constraints within which she practiced. It seems that in some cases making or keeping the HSR was used as a strategy to access resources and contest institutional constraints social workers had to deal with in their practice.

As aforementioned, social workers often complained that they were unable to assist young people and their families as much as they wanted due to a lack of resources. For example, social workers reported that they did not visit families more often because their case loads did not allow for that, as the following quote illustrates:

“I certainly would prefer to spend more time with Kay and I would prefer spending more time with Kay now, unfortunately, your case load doesn't allow for it...” (Megan, K's social worker)

So it was not that social workers did not want to spend more time with the families but that they were unable to do so due to the constraints imposed on them by the work conditions. I shall be returning to this point later on in this chapter when considering social workers' strategies to contest these constraints imposed on them and their practice.

7.2.4 Guaranteeing engagement

As aforementioned all families were known to social services before the young person became subject to a HSR. Services had been made available to the families prior to the HSR in at least seven of the cases, however the families had failed to engage.

Four social workers explicitly said that the reason for HSR was that otherwise parents would not engage with services. This passage from David's case files illustrates this point well, with the social worker justifying the need for compulsory measures:

“Mum and David were given the opportunity to make voluntary use of the support and advice available to them in order to address the areas of concern, in particular, David's low school attendance. (...) David and mum have not engaged with professionals and there have been very high number of missed appointments, both with social worker and educational professionals. Having considered this the writer feels that it will be extremely difficult to address the concerns if no order is made. Consequently a supervision order may be necessary to ensure changes are affected.” (David's case file)

The family had been “given the opportunity to make voluntary use of the support and advice available” but chose not to make use of these and failed to attend meetings with professionals. These choices they made confirmed that they were imprudent, in the opinion of the social worker, and that they required therefore to be supervised so that change can be affected.

This seems to indicate that where moralisation strategies (to provide services on a voluntary basis in order to get parents to comply with social services' prescriptions) had failed a more punitive approach was taken. The compulsory measure of supervision was therefore an attempt to take away at least some of the families' autonomy through the ‘infliction of pain’ which ranged from minor sanctions, such as the withdrawal of services; to more serious threats of taking young people away from home and placing them in secure accommodation. The self-efficacy of these families was called into question and, as I shall be further exploring in the next section, families devised a number of strategies to counteract this.

7.3 Views about HSRs

Participants felt a great deal of ambivalence towards HSRs and social services intervention; and their views and opinions about the effectiveness, usefulness or impact of the intervention were often ambiguous. As Ben puts it when asked what he thought of being subject to a HSR:

I wouldn't say it's the best but I wouldn't say it's the worse. (Ben)

Ben is referring here to a common theme in the narratives of young people, parents and social workers. Whilst HSRs were often described as amounting to little, or as being ineffective; it was also recognised that some aspects of it were positive, such as the provision of services and practical support.

7.3.1 Young people's views

Becca, Kay, Jimmy, David and Sky noted that without the HSR their circumstances might have deteriorated.

“No joke on that but I think that if I wasn't on supervision I would be in jail by now for the amount of trouble I was getting into.” (Kay)

David thought that the HSR in itself had done little but he did appreciate the assistance Mary, his social worker, had provided.

“Well, I didn't see the point in that [being subject to a HSR] but it's kind of () like, having a social worker really helped that” (David)

For Becca and, to some extent, Sky the main positive aspect of being subject to the HSR was that their offending behaviour was dealt with by Youth Justice rather than the adult criminal justice system.

I think it's good to be in a supervision order because then you cannae, you cannae, like when you are 16 you cannae get charged and put away coz I'm on a supervision order so if I get charged it doesn't mean anything, so () like, it's fine (chuckles)! (Becca)

Tom, the other young person whose case was dealt by the Youth Justice System, disagreed. He felt there were no positive aspect of the HSR and that having his case dealt by Youth Justice had simply delayed the inevitable for him.

Seven young people were of the opinion that HSRs were 'pointless'.

“Andressa: Is there anything good about being on supervision?

Charlotte: no, it's just like pointless to me. It's not doing any good and it's not doing me any worse. Like, nothing happens. Just my name is on something saying that I'm on supervision but that's it.”

In Anissa's opinion there had never been a problem which warranted social work intervention in the first place so she could not see how the HSR could have helped her or her family.

7.3.2 Parents' views

Six of the nine parents interviewed felt the HSR had been an unwelcome interference in their private life. Concurrently however, they also talked about wanting to have more support from social workers. Sophie for example wanted the HSR terminated but to still have a social worker; while Tania wanted to have a closer relationship with her social worker and more support.

Lorna, Jamie-Lee, Tonie and Caroline felt that the HSR (and social work input) had been counterproductive as it had taken away their parental authority over their children thus making it more, not less, difficult for them to manage young people's behaviour.

“I didnae like that because then I found that once the social worker got involved my trouble with Anissa was that she would come home and say, ‘I'm not listening to you. You have to do what they tell you. So why should I listen’. So I feel they make it worse.” (Tonie, Anissa's mother)

Allan, Louise and Pam were positive about the HSR as it had supported their parenting role. These three parents, as well as Caroline albeit to a lesser extent, noted that despite the HSR not always being effective in dealing with their concerns that it

had been a ‘support of sorts’ when they felt unable to deal with the situation they could have some support from social workers. In a statement that echoed that of the other two parents Pam said

“I recommend supervision in a lot of ways. It’s good from all different angles. It’s it’s really good support coz at least you know that, well, you are supposed to have the social workers behind you.” (Pam, Kay’s mother)

These three parents welcome the support the HSR afforded them in dealing with what they perceived as difficult behavior from their children. They viewed the HSR as a safeguard for them – if they could not control their offspring they could ask social workers to step in as Caroline puts it.

“That’s the whole point of supervision. To take kids out with control within their pa- parents family to get and try to help them.” (Caroline, Jane’s mother)

In these case parents wanted their offspring to be kept on a HSR – however, that does not mean that they were fully satisfied with the intervention.

Andressa: has it been good in any way to have Jane under supervision?

Caroline: erm, right now because I haven’t got the control, I feel yes. only if , aye I would say I’m happy that she’s still on coz if she wasn’t than I would’ve to deal with this on my own and I don’t know how I would be able to do that. Even though social work aren’t doing a lot there’s still somebody there at the other end that I can load everything off to

As this passage illustrates it was often the case that parents, and young people, appreciated the support made available to them through the HSR even though it was not ‘doing a lot’.

7.3.3 Social workers’ views

Eight social workers reported that preventing the situation from deteriorating; or simply slowing down the process of deterioration (whether young people remained at home or not) was an achievement in itself. For example, when I asked Chris whether the HSR for Ross had achieved its objective he replied:

“Well, he is at home, he’s still in mainstream school, so that’s an achievement and that’s someone who had been accommodated before while the father decided whether he wanted us to take over the care.” (Chris, Ross’ case manager)

Being able to contain the situation so that Ross could remain in mainstream education and living at home was, given the difficult circumstances (i.e. previous experiences of care away from home and the father’s mental health issues which made it difficult for him to look after his two children on his own), a positive outcome.

Seven social workers were of the opinion that without the support afforded by HSRs things would have been worse.

“I don’t know what would’ve been like if there’s been no supervision requirement, I think that David would just have gone wild.” (Mary, David’s social worker)

In four cases where young people had been referred for non school attendance (Anissa, Jimmy, Kay and David) social workers believed that the HSR had achieved its aim in keeping young people safe and providing some emotional support and suitable alternatives to school.

“I think for Jimmy.... I think that educationally... it has probably not been... I think that Jimmy is a very, very bright boy and could’ve done a lot, lot better with his education... I think that in most other aspects of his life, Jimmy is a very bubbly, well-rounded boy, who... has stayed away from crime, drugs, and alcohol. He is not violent and... he appears to be quite motivated about doing stuff just now. And I think that.... it has probably helped him in that way, probably just to keep his parents in check about what...to make sure ...Jimmy is doing what he should be doing, and not getting involved in these things. (...) Looking into my other cases the Muir’s are very much a success case.” (Martha, Jimmy’s social worker)

As Martha points out the HSR had been beneficial for Jimmy as it provided him with some emotional support, however it had not been successful in re-engaging him with school. In fact, three out of the four young people referred for non school attendance had not re-engaged with mainstream school. The social workers in these cases

thought that the main reason for failure to re-engage was due to the chaotic situation at home and lack of parental encouragement to attend school. However, it may also be related to some schools losing interest in, and becoming increasingly intransigent in their requests to the young person. Mary, for example, said that educational welfare officers had lost patience with David:

“I think the educational welfare officers they they were frustrated coz they had such a high case load they didn’t have time to, you know, to run around after people, well they did but once they found someone (with) time they just went back to school and I think, certainly with the older teenagers, they’ve kind of lost patience. So that was my impression, erm, and she didn’t she hadn’t build there was no relationship between the family because she didn’t have time to build one so there was no, her stepping back didn’t really have much of an impact either way.” (Mary, David’s social worker)

So lack of time was not only an issue faced by social workers, but also other professionals.

Young people, parents and social workers agreed that non-school attendees had benefited from being subject to a HSR, even when attendance had not been improved, because the HSR provided alternative services for the young person; and facilitated access to non-mainstream schools which were viewed very positively by young people, parents and social workers.

Where the primary concern was offending parents and social workers were less certain about what impact, if any, HSRs had in preventing offending behaviour. Two social workers felt that although the HSR had not stopped young people engaging in offending behaviour it had been enough of a deterrent to prevent an escalation of behaviour.

Social workers assessments of the effectiveness of HSRs were least positive in the three cases where young people’s cases had been transferred to Youth Justice. Joan, who was the Youth Justice social worker for both Becca and Sky, felt that the intervention had little impact on both girls, but particularly Becca.

“I don’t know how we are gonna get Becca on track. I don’t see how the supervision requirement is doing her any good (...) I guess if you would speak to any one in here there’s the question mark over how effective they [HSRs] are.” (Joan, Becca and Sky’s Youth Justice Worker)

So not only was the HSR (not) ‘doing any good’ on this particular case but there is a wider question amongst professionals with regards the effectiveness of this type of intervention in dealing with offending behaviour. This was a view echoed by Joan’s colleague, Paul

“For me the thing with supervision for him (Tom), not just for others, it’s all this threshold at 16 you know, that there is a definite view amongst young people that they are pretty much untouchable until they hit 16.” (Paul, Tom’s probation officer’s).

The non-punitive nature of HSRs was also described as unhelpful when the main or sole ground for referral had been due to offending behaviour. Jamie-Lee (Becca and Sky’s mother) and Lorna (Tom’s mother) thought that young people were being rewarded for bad behaviour and believed that the non-punitive nature of HSR meant that they were not taking responsibility for their actions resulting in the continuation of offending behaviour. The quote below illustrates well what these two parents thought about the approach being taken by professionals:

“I can see, kind of see their [professionals] methods, but Tom got the (works) for doing things wrong, you know what I mean. (...) He got a bike bought for him and he got season tickets for the football club you know, he kept on getting all these things and it was just it wasn’t right. (...) and even the ones who are behaving, even C, my 11 year old, started to see that Tom didn’t go to school you know but Tom gets this, Tom gets that so if I don’t go to school will I get these things. I was like, ‘no, you wouldn’t get these things’ it’s the wrong message to give our kids do you know what I mean?” (Lorna, Tom’s mother)

Their uneasiness seemed to be linked with their concerns at being unable to provide the same ‘treats’ to their off-spring as those provided by social services – thus undermining even further their parental role.

7.4 Strategies of struggle

Evaluations of social work practice often highlights the importance of service providers and service users forging good relationships with each other; and offer a number of strategies which social workers should be using in order to improve relationships and, consequently, the effectiveness of the intervention. The importance of good relationships was something which was often mentioned by the stakeholders in this study – particularly by social workers.

There are however a number of inherent tensions in the relationships between service users and service providers. That is because these relationships are power relations, and as such they are sites of struggles. These power relations can only come into operation where there is the possibility of reaction, resistance or collaboration (Foucault, 1982). Therefore independent of the strategy social workers adopt they will always lead to different possibilities of reaction, resistance and collaboration. In this next section I will be considering some of the strategies of struggle young people, parents and social workers devised in order to negotiate what it, at best, a fraught relationship between the included and the excluded (Parton, 1996).

7.4.1 Negative perceptions of social work

As previously noted, in neo-liberal societies, those who are dependent on social welfare are construed as the product of a criminal predisposition and welfare benefits are transformed “from the exercise of citizen’s rights into the stigma of the impotent and the improvident.” (Bauman, 1997: 37) The neo-liberal discourse that has construed those dependent on social welfare as the product of a criminal predisposition is one which seems to be well ingrained in popular discourses. Four parents reported how they did not want to engage with social services because it was, as Tonie put it, ‘a taboo’:

“I found it so hard to begin with anyway, because social workers were always a taboo, social workers, wow, take them away, that’s the way I’ve been brought up.” (Tonie, Anissa’s mother).

By saying that she had been brought up to believe that social work is ‘a taboo’ Tonie is making reference to dominant discourses that stigmatise social services and those who might come into contact with it – both service users and service providers.

As parents, young people’s initial perceptions of social services were also influenced by dominant discourses which construe social services as something to be avoided. Three young people said that, at least to start with, they were fearful that social service intervention would result in them being taken away from their families; as this quote from Charlotte exemplifies:

“I never liked it like, the first Panel I went there, I just I used to cry in the Panels all the time like (...) when they were saying things I was just crying like like if we were going to be taken away or something like that.” (Charlotte)

Charlotte does not say if there had ever been any suggestions about her being removed from home, but her assumption was that this was a possibility. This fear of being removed from home is quite significant when considering that only in a minority of cases children are removed. It is unclear what exactly might have led young people to fear social services – it could be that they knew of or heard stories about other cases where young people had been removed from the care of their parents – but it seems that the idea that social services should be avoided was quite common amongst service users.

With time, this initial fear of social workers dissipates however, as this quote from Pam illustrates:

“...coz I used to think that they’re trying to take ma kids off me coz that’s what I see, that’s when I was younger, that’s () they’re always afraid of having social work department, oohh, no one liked, coz they’re gonna take your kids away from you, you know what I mean? It’s not like that at all! Oh, if I’d known that many years ago I don’t think...but I didn’t know.” (Pam, Kay’s mother).

Pam highlights that the fear of social workers is a common thing – ‘they’re always afraid’. She came to realize, however, that this fear is unfounded as social workers did not take her kids away.

Another four young people talked about how they generally dislike social workers, for no particular reason.

“I don’t actually like social workers for some reason, I don’t really ken why but I don’t like them.” (Sky).

This fear and general dislike of social workers seems to derive from a desire to dissociate oneself with social services because social work is a ‘taboo’ and being associated with it can be stigmatising. This was however a dangerous strategy as non-engagement was often translated as parental and/or young people’s moral failure and could, in turn, lead to more punitive measures being imposed as Tonie observed:

“Eventually I had to work with them or I would have my kids taken away for the simple fact that I wouldn’t work with them.” (Tonie, Anissa’s mother)

The threat of having children taken away from the care of their parents was often used by professionals in order to encourage young people and their families to comply with the HSRs. As I shall be further discussing in the next section young people and their parents learned to recite ‘all the right things’ in order to avoid more punitive measures being imposed.

7.4.2 “Saying all the right things”

HSRs are a compulsory intervention thus young people and parents had to, eventually, engage with social services – in fact, as argued previously, HSRs were placed on families because they had failed to engage.

Young people and parents were aware that they had to engage, or else they would be the target of increasingly punitive measures. Two young people made a clear distinction between the differences in being subject to voluntary versus compulsory

measures. When explaining what the HSR meant for her Kay made clear distinction between voluntary and compulsory measures:

“Just like, I had to watch what I was doing and I had to meet my social work coz before it was only voluntary now it was like, I had to do it.” (Kay)

This passage is quite telling of young people’s attitudes towards the supervision more generally because although Kay acknowledges that there was a difference between voluntary measures and compulsory ones in that now she had to meet with her social worker she does not mention that she had to change her behaviour (as the social worker wanted) but simply to ‘watch’ what she was doing.

Parents were also aware that they had to ‘work with’ social workers if it was for them to regain their autonomy, as the following passage shows:

“I was told at the time [when Charlotte was first subject to a HSR] that the best way to get rid of us is to work with us.” (Tania, Charlotte’s mother)

What the statements by Tania (above) and Tonie (in previous section) seem to suggest is that parents felt coerced into accepting the HSR and forced to work with social workers. A further two parents mentioned that they knew that if they did not engage with social workers they ran the risk of having their children taken away from them – the ultimate sign of an assessment of their moral failure as parents (Parton et al., 1997).

HSRs are statutory measures but this does not mean that young people and parents have no power to contest and negotiate them. One of the strategies young people and their parents adopted was to ‘say all the right things’ as the quote from Martha illustrates:

“And they would say all the right things ‘yeah, he needs to go to school, we need to try and get him there’, but they never did a thing...” (Martha, Jimmy’s social worker)

In this case parents had learned to recite what social workers wanted to hear in order to avoid more punitive measures against them. Although saying ‘all the right things’ had worked as a strategy for this family for a number of years eventually the social worker decided that Jimmy and his brothers were to be placed with foster carers. Evidence from case files suggests that there was not one specific event that triggered the removal of the children from the care of their parents – just years of missed appointments and failure to comply with the HSR.

Social workers also referred to instances where young people and parents would attend appointments, and in that way were ‘engaging’, but were not complying with the HSR because their behaviour had not changed. The following passage is a good illustration of this

“She’s engaging with all the services, like Includem had a place for her, she’s working with me, it’s not like she’s not meeting with us, she just not taking anything on board and that becomes difficult because I can’t take it back to the Children’s Hearing and say, ‘well, this isn’t working because she’s not meeting’, but it’s not really working because her attitudes haven’t really changed, you know.” (Joan, Becca’s social worker)

The difficulty in these cases where parents and young people were engaging but not complying was therefore that social workers did not have ‘hard evidence’ to justify changes in how the case was dealt with to the Children’s Hearing.

This dilemma is further illustrated by the three cases (Becca, Jane and Sky) where social workers reported that young people had devised a system to minimise intervention by choosing when to engage with offending behaviour. Joan, for example, explained that it had been difficult to implement more stringent measures on Becca and Sky (i.e. secure accommodation):

“I think the problem, when we are ready to go to a panel, if the girls actually stop offending, they stop if they know there is a panel coming up, it’s quite difficult. You can see a pattern if you were to look at their offences, you would probably see it as a pattern.” (Joan, Becca and Sky’s social worker)

The problem was then that young people had chosen when to engage, or not engage, in offending behaviour. As these young people were choosing when to engage with offending behaviour, they were clearly responsible for their behaviour and its consequences. However, young people had also learned, it seems, to deal with the consequences – by terminating offending behaviour prior to Hearings in order to avoid the harsher consequences that might have been placed on them if they continued to engage in these behaviours. These are clear examples of how young people contested and subverted the power relationships imposed by the compulsory measure.

7.4.3 Questioning professional's practice and knowledge

Another way in which parents, and to a lesser extent young people, contested and subverted these power relations was by questioning social workers knowledge base and practice and, consequently, their ability to assess young people and families' needs and to devise coherent strategies.

7.4.3.1 Questioning practice

All but one parent interviewed expressed their dismay with the lack and/or infrequency of contact with social workers. However, it was not that there was no contact, but that it was not as frequent as parents thought it should be as this quote from Allan suggests:

“I only seen her once every three months you know what I mean? Crazy you know what I mean? Especially when you got two kids on a supervision order, you think they would be seeing you once a week, you know what I mean?”
(Allan, Ross' father)

In Allan's view the practice of visiting once every three months is 'crazy' when it was clear that there were a number of issues as he had 'two kids on a supervision order'. However, there is nothing in the legislation to say that contact should be more frequent. As noted in the previous chapter frequency of contact dependent on social workers' case loads – both in terms of quantity (i.e. how many) and quality (i.e. were other cases judged to be high(er)-tariff).

As well as questioning the frequency of contact parents questioned the mode of contact. Four parents reported that social workers would rarely visit them, preferring instead to call. Caroline for example reported that since her daughter Jane got a new social worker she had only seen her twice

I think I've seen her twice. I mean she would phone up and ask how things were but I mean, I could've been lying over the phone and say 'aye, things are fine and blablabla' but you have to go out to the house and visit it and see what's going on, to know what's going on. (Caroline)

Caroline's statement is representative of the other four parents who questioned the practice of calling parents rather than going out to visit. Their concern was that by not visiting the family social workers would not be able to *supervise* the situation as they should be doing. This seems to indicate that at least for these parents the HSR was in place to monitor them and their children.

While on the one hand these parents voiced their concern about the lack and/or mode of contact, they were quick to reassure me that in their case this was not a problem.

"...my Anissa, she got er, she got social workers but to me she hasn't got a social worker because, like I say, I think last time I've seen her I think it was a few months back. Now, that doesn't bother me coz I know that everything is ok right? But what if it wasn't? That's the point I'm making." (Tonie, Anissa's mother)

So although these parents recognised monitoring as an important aspect of the HSR, and one which social workers were failing to fulfill, parents were quick to guarantee that in their cases this was not necessary – they were simply concerned about what could happen in other cases where parents were not as responsible as they were. Parents were therefore reproducing dominant discourses about the failures of the care system to protect children and young people; while at the same time contesting social workers assessments of their parenting.

Another way in which parents, and young people, contested social workers assessments was by questioning the content of social background reports. Two young

people and three parents questioned how social workers could write social background reports when contact had been, at best, sporadic as the quote below illustrates:

“And she just phone for her report a week before. And I get really angry about that you know. Because you are sitting at a hearing and you think, you know, and these people are asking the social worker questions and then you think, well she’s got a cheek to be there answering them because she hasn’t been by your side, you know what I mean?! She is not sort of by your side to, you know, it really annoys me.” (Tania, Charlotte’s mother)

In this passage Tania is not only questioning the practice of only phoning her before the Children’s Hearing; but is also questioning social workers’ knowledge about her situation and their right to represent the family in the Children’s Hearings.

7.4.3.2 Knowledge

Parents, and to a lesser extent, young people often questioned social workers’ knowledge base. Two young people said they did not listen to social workers because ‘they talk rubbish’; while another said she did not listen because social workers ‘make the rules up’.

Parents often contested social workers knowledge on three bases. The quote below illustrates the first two of these well:

“I didn’t like the social workers I had coz I think they are stupid. They have no social skills. I think that a social worker with no social skills I mean, a lot of them were a lot younger than me and that was just so stupid. Really, it was it was humiliating. Someone younger and who has no kids trying to speak and couldn’t even talk to the bairn.” (Tonie, Anissa’s mother)

Tonie disagreed with the social worker’s advice because not only was the social worker younger than her but also did not have a child. Three other parents also expressed the view that social workers who were younger than them did not have enough ‘life experience’ to be able to tell them what to do. Two other parents were also of the opinion that only those individuals who had children could have any understanding about child-rearing as this passage illustrates:

“A lot of social workers don’t get this, they don’t have kids, and they talk to you a lot of text book crap. Try with your hands on, ‘coz hands on bairns are a lot different from what it says in a book.” (Sophie, Ben’s mother)

Sophie alludes again to this idea that social workers did not have enough life experience – their knowledge was solely derived from the ‘text book’. Parents were more knowledgeable because they had had the lived experience – and this was perceived as a more valid form of knowledge than that derived from text books.

The other instance where social workers’ knowledge, as well as that of other professionals, was contested was when parents questioned social workers understanding of what was in the best interest of their child. Pam, for example, when explaining about her experience of attending the Children’s Hearing said:

“Sometimes it’s hard to understand. Sometimes it’s hard to understand because they are like, ‘this should be best for Kay’ () I don’t fucking care if that’s what you think. Because in the end of the day I know better than you.” (Pam, Kay’s mother)

As this passage illustrates parents were of the opinion that professionals did not, could not, know what was in the best interest of the child – only the parent could know that.

7.4.4 Identity work

Social workers are dependent on family co-operation but family’s involvement with social workers is not voluntary. The relationship between social workers and service users is (often) a compulsory one (even when so called ‘voluntary’ measures are in place there is a degree of coercion). The strategies used by participant to negotiate compulsion were, to an extent, played out during the interview encounters and manifested itself in terms of ‘tensions’ between individuals’ virtual and actual social identities (Goffman, 1963).

7.4.4.1 Good mother – v – bad mother

Whether HSRs were imposed on young people due to issues regarding their behaviour or that of their parents the implication was always that parents, particularly mothers, had failed to provide adequate levels of care and protection. As previously noted, evidence from case files and interviews with social workers indicate that parents' behaviour, and their parenting, was perceived by social workers as the root of the problem and needing to be addressed. The parenting styles were often described by social workers as being inconsistent and weak. In two cases social workers talked about the relationship between parent (mother) and young person as a friendship (as in the quote by Martha above).

In their narratives the eight mothers I interviewed, and to a lesser extent Allan (who was the sole carer for Ross and his sister), reclaimed their 'good mother/father' identity. Pam's quotation exemplifies this common theme:

They tried to (do my) nose in a few times hey, but they they, it didn't work with me coz in the end of the day *I'm not a bad parent, I've never been a bad parent, I can't help my kids going (off the rails)*; any kids can go off the rails. I could have thousands and thousands and thousands of pounds, that wouldn't stop Kay's behaviour; you know what I mean (Pam, Kay's mother)

There are three issues which emerge from this statement which were common amongst most parents. First, there is the acknowledgement that others (in this case social workers) had tried to contest parents' 'good parent' status. All parents felt that social workers had tried to 'do their nose in' at some point. Parents however highlighted that they were not bad parents. Social workers had simply misunderstood or misrepresented their situation.

Parents avowed their good parent status by distancing themselves from the idea that they were neglectful parents. One particular way in which parents distanced themselves from the neglectful label was by comparing their situation to that of other parents who had worse problems and difficulties. Pam and Tonie talked about how their problems were 'minor' in comparison to that of other families they knew, as well as comparing their situation with stories they'd heard in the media.

The second common theme highlighted in Pam's quote was that the parents identity as 'good parents' was a constant. They had 'never been a bad parent'. The three parents who refer to instances where their parenting might be called into question talked about this as a past event that no longer had an impact on their situation and therefore did not justify the HSR.

The third issue highlighted here, by the parents, was their inability to avoid young people 'going off the rails'. The problem, in their view, was not with their parenting skills, nor even with the socio-economic difficulties they faced, but with young people's behaviour and/or personality. As with social workers accounts about what were the issues leading to the HSR, parents highlighted young people's personality – which could not be changed even with 'thousands and thousands of pounds'.

7.4.4.2 Young peoples' transitional identities

While parents described their identities as 'good parents' as a constant, young people talked about their identities as 'troubled' or 'troublesome' as being temporary. There were two types of narratives highlighting young people's transitional identities; one which was more common amongst those identified as troubled, and the other more common amongst those identified as troublesome.

7.4.4.3 Troubled young people

In this type of narrative young people highlighted that whatever issue might have lead to them being identified as troubled this was now in past and therefore no longer relevant to their condition. This type of narrative was used by three young people where lack of parental care was the most prominent concern of professionals. This is reflected by the fact that in these cases the official reason for the HSR (i.e. the grounds for referral) had been due to lack of parental care (grounds c).

The message these narratives conveyed was that young people did not require a HSR. As the passage from the interview with Ben mentioned in the beginning of this

chapter these young people felt that they might have required the HSR in the past but no longer because now everything was fine.

7.4.4.4 Troublesome young people

The other strand of this narrative concerning the transitory nature of youngsters' identity was linked with distinctions made between teenage-hood and adult-hood. The following excerpt illustrates well the idea that for them 'young people as troublesome' was a temporary identity which would no longer be relevant in the future, when they were adults.

"I just can't wait till I am like 21 years old and look at my past and will just be like that 'oh my god, what did I do when I was 14 years old!'" (Sky)

This passage is particularly interesting because Sky not only refers to the temporality of her identity but also to the fact that as an adult she will question her actions as a 14 year old – in the same way in which it had been questioned by adults. Sky was therefore internalising the views of the adults working with her. This was a common narrative amongst the five young people whose behaviour had been identified as troublesome, but not exclusive to them. They all talked about a time when their behaviour would change because they had reached maturity and would have to take more responsibilities. Of course, it is not possible to say whether these young people had fully internalised this discourse about becoming the responsible adults; it might have been the case they were saying this to me because they knew this was what adults wanted to hear. Nonetheless it shows how pervasive this discourse is.

Sky goes on to say that she 'just can't wait' to reach adulthood which may suggest that she does not like the labels which have been attached to her as a young woman. In fact, young people talked about their frustration with professionals who had not realised that they had changed and become more mature. Tom was particularly vocal about this, suggesting that his continued involvement with offending behaviour had been a case of the 'self fulfilling prophecy' – if that's what they expect of me that's what I am going to carry on doing.

Young people were keen to distance themselves from the label 'child' and wanted to be treated like adults as this quote suggests:

“So annoying coz I don’t think they have a right to tell you especially at my age. I’m like 14 and they can’t tell me to move...” (Charlotte)

Charlotte’s view resonates with the views of all young people interviewed who did not want to be told what to do because they were no longer children.

Common in these narratives is the idea of children as becoming.

“I started to get older and to have more responsibilities...I am old enough now to work and () like, just old enough to do a lot of things I did not have to do when I was 11, 12 years old.” (Kay)

They might have needed care and protection when they were younger, immature and irresponsible; but as they approach adulthood and become more mature and responsible they no longer need the HSR.

This view is also reflected in social work practice and policy. As discussed in the previous chapter services offered to young people changed according to their age - as they reached school leaving age services were more geared towards preparing them for the labour market as, once reaching 16, they were adults. At the policy level, local authorities have a duty to provide services to children up to the age of 16, and on their discretion may offer services to young people up to the age of 21. The reasoning seems to be that as these children become adults they become more mature and responsible for themselves.

The other common aspect of these narratives is that in all instances young people were engaged in parents’ constructions of their identities as ‘good parents’. Jimmy’s story offers a good illustration of how young people accept the responsibility for the issuing of the HSR (in accordance with the official reasons for the HSR) and in doing so contribute to parent’s constructions of their identities as ‘good parents’. When I asked Jimmy whether there had been any support offered to his mother he replied:

“My mum didn’t really need help it was really us [him and his brothers].”

In saying that his mother did not require any help Jimmy reinforces her identity as a responsible adult (i.e. who can self manage). Jimmy accepted, however, that he and his brothers had, in the past, needed help.

7.4.5 Case managers – v – case workers

Social workers occupy an uncomfortable space between the mainstream and the marginalised and they too had to devise strategies in order to deal with the ambiguous and contested nature that emerges from “its sphere of operation between civil society, with its allegiances to individuals and families, and the state in the guise of the court and its ‘statutory’ responsibilities.” (Parton, 1996: 6)

All social workers talked about wanting to spend more time with clients but being unable to do so due to lack of time (as a consequence of lack of resources and large case loads) as illustrated by this extract:

I spend a lot of time in front of a computer. Err...I mean, when I say I spend a lot of time in front of the computer some of that is progressing the clients’ case you know, (...) So it’s not just that you are sitting constantly having to sharpen your pencil and fill out non essential information, (...) For me the main thing is workers need manageable case loads, which often they do not have, they are swamped, and the reason they are spending so much time in front of the computers is because there is so much work to do, as opposed to them being useless and inefficient and that’s about the government not providing the level of funding for social work and social care that they all say. (Paul, Tom’s probation officer).

In Paul’s quote above he explains why he, as well as other social workers, are deviating from what is expected – it is not because they are ‘sitting constantly’ and are, consequently, useless; but because the government has broken its promises to provide greater level of fund to social work and social care. Paul is therefore distancing himself (and all other social workers) from the socially (discredit) view of the social workers as a case manager. In this narrative social workers are not ‘sitting constantly’, but are actively ‘progressing the clients’ case’. So, while social workers

acknowledge culturally dominant categorisations they defined themselves and their practice as different from these categorisations.

As this quote by Paul illustrates social workers felt ‘swamped’. They were trying to do what they could, given the circumstances, but they simply did not have the time and this had a negative impact on outcomes. This view echoes that of the professionals consulted by Murray et al. In their study of HSRs Murray et al., (Murray et al., 2002b) note that more social work time was identified by key informants (i.e. panel members, teachers, reporters and social workers) as the single most important factor which would improve home supervision. This view seems to suggest that social workers have a unique set of skills which can solve these intractable problems families faced. As Rose (Rose, 1990) have argued the professional groups, from psychologists to social workers, counsellors or therapist, all claim to have a particular knowledge about the self which can be utilised to the solving of problems and the betterment of the individual and, consequently, society. Yet young people and parents disputed this by contesting social work practice and knowledge.

This quote by Paul also hints at the profound dissatisfaction with their jobs, and this was voiced vociferously by all social workers I interviewed; as this passage further illustrates:

Andressa: how does that make your job?

Chris: Oh, I hate it. It’s totally depressing just now.

The cause of this profound dissatisfaction was the lack of time to do direct work with service users. However, it might be that the rationalisation of time could be part of an strategy to safeguard professionals from any emotional distress that could arise from becoming too involved with families. Waterhouse and McGhee (2009), for example, note that the introduction of ‘corporate parenting’ and the emphasis on sharing the responsibilities for a young person with other agencies may have worked as a way in which to protect professionals from the anxieties of taking decisions about families’ lives which have unpredictable outcomes. The perhaps unforeseen impact of this

policy is that by dividing responsibilities and having different professionals involved with the case has resulted in confusion as young people did not know who was responsible for the case, as the following passage suggests.

“(social worker) was supposed to, coz this got explained to me, she was the one who managed the whole project, she sat up here and the rest sort of sat below her do you know what I mean in terms of family support and I did nae realise that until nearly the end because you wouldn’t have thought she was managing anything to be honest. So I think she had the main role on it but it did never come across like that to me.” (Lorna, Tom’s mother)

This may have in turn contributed to young people and parents’ unwillingness to engage with social workers. With evidence suggesting that the success of interventions depends on effective engagement with clients (see Triseliotis et al, 1995 and Murray et al, 2002) this is likely to be detrimental to the overall success of the HSRs

7.5 Discussion

There was a great deal of ambivalence towards HSRs requirements. On the one hand young people and parents often emphasised their disagreement with the HSR and their dislike for social workers. On the other hand most identified positive aspects of the HSR (particularly the access to resources and practical support) and the most common complaint of parents and, to a lesser extent, young people was with regards to the infrequency of contact indicating that they did, after all, want to see social workers more often.

Social workers indicated that without the HSR young people and parents might not be able to access resources which they enjoyed. When asked about what were the main barriers to implementing the HSRs social workers identified lack of co-operation and resources. They agreed that without compulsory measures the co-operation of young people and parents might not be forthcoming and in at least four cases lack of co-operation had triggered the HSRs. The HSRs were also tools with which to increase social workers’ capacity to monitor families and allowed them to

intervene more readily when there were concerns about the safety and well being of young people; or when there was a crisis.

One of the key aims of the intervention was to effectuate behavioural change in young people and their parents so that they would conform to social norms that establish what the desirable behaviours of a young person and a parent, particularly mothers, are. Changing parental behaviour was, in fact, a key aim of HSRs, particularly when the reason for the intervention had been, directly or indirectly, parental drug misuse. Directly was when the young person had been referred due to concerns about their care which were, according to evidence from case files and interviews with stakeholders, clearly related to parental drug misuse. This was evident in the cases of Ben, Jane and Mr Perfect. Indirectly was when the young person had been referred for non-school attendance, but where parental drug misuse had been a concern for some time prior to the referral. This was evident in the cases of Anissa, Jimmy and Ross.

Social workers were dependent on family co-operation in this project of the self. Where this was not forthcoming; that is, where young people and parents did not engage in this project of the self out of their own accord, compulsory measures were deemed necessary. HSRs were therefore a method of social regulation. It allows for greater social control of young people and parents so that social workers can effectuate behavioural change more effectively.

Family's involvement with social workers was not voluntary and as argued here they devised a number of strategies to negotiate compulsion. For example, young people and parents had learned to recite 'all the right things' in order to avoid more stringent measures. Non-conforming behaviour is initially the object of mild sanctions, such as withdrawal of services or financial support. However, if it continues, these sanctions can be increased and, ultimately, result in the removal of the young person from home – the ultimate sign of parental failure and/or young person's maladjustment. Young people and parents were frequently reminded of these possibilities in the hope that the threat of greater infliction of pain might result in their 'co-operation'.

These strategies to get young people and parents to engage frequently did not work. Young people and their parents used a number of counter-strategies to negotiate and contest these dominant discourses about youth and parenting. As noted in Chapter 3 Foucault (1977: 27) suggests that power relations “define innumerable points of confrontation, focus of instability, each of which has its own risks of conflict, of struggles, and of an at least temporary inversion of the power relations.” The relationship between young people, their parents and social workers were sites of struggles with the possibility of an at least temporary inversion of power relations. This was possible when those with least access to dominant knowledge/power (i.e. young people and their parents) resisted, contested and minimised efforts to effectuate changes to their behaviour.

These struggles were, to an extent, played out during the interview encounters. The interviews were a dialectic process where parents, but particularly the eight mothers interviewed, distanced themselves from the discredited identity of ‘dependent on welfare state’ and reaffirmed and made claim to the socially desirable identity of ‘good mothers’. Thus at once contesting the labels that had been assigned to them and reproducing dominant discourses about what ‘normal’ mothers, and family life, ought to be like.

Young people also sought to distance themselves from discrediting label of being a child (i.e. immature, irresponsible) ‘at –risk’ and instead reclaimed their identity as ‘agents’ thus reproducing dominant discourses about the ‘entrepreneurial-self’. As previously mentioned the youth-at-risk discourse rehearses historical discourses that have imagined youth as delinquent, deviant and disadvantaged; and adds a novel element to it in that now potentially all behaviours and practices can be constructed in terms of risk (Kelly, 2000). So, while contemporary youth at-risk discourses represent a continuation of historical conceptualisations of young people in terms of deviancy, delinquency and deficit; it also presents a new feature in that all behaviours are now potentially risky. If all behaviours are now potentially risky, then the possibilities for intervention are endless.

Kelly (2006: 27) argues that this “provokes a range of interventionist regimes that take as their object the transformation of the cultural resources of the disadvantaged – a transformation that has as its end the development of an entrepreneurial Subject.” Drawing from Withers and Batten (1995) review of the literature on youth at-risk Kelly (Kelly, 2000) argues that these discourses are often framed around two concerns. In the first instance the concern is about the damage, harm, care and support for young people at-risk and the aim is to identify youth at-risk and intervene in order to avoid or diminish risk. In the second instance the concern is with the costs and benefits to society of identifying risk factors and populations at risk and it legitimises attempts to regulate youthful identities. These two discourses are complementary rather than conflicting. For example, looked after young people are often a cause for concern because they engage in activities which are considered to be ‘high risk’, such as truanting, smoking, drinking, sexual activity, and so on; but also because of the economic consequences engaging in these behaviours might have for society at large (unemployment, crime, health problems, teenage pregnancy). In both cases the discourse justifies the identification, interference, surveillance and normalisation of young people. Kelly argues that such discourses are *dangerous* as they are used to justify the increased surveillance and regulation of young people’s lives.

Interestingly, social workers also sought to distance themselves from a discrediting label – that of the case manager who sits in her or his office ‘sharpening pencils’ and instead reclaimed their identity as case worker by, for example, highlighting their desire to do more one to one work with families.

These strategies of struggle used by service users and providers are a reminder that power cannot be understood as something which some have and others don’t. It challenges the idea of service users as (always) power-less as it is clear from the examples discussed here that young people and parents use a number of strategies to invert power relations. It also challenges the idea of service providers as (always) power-full. Social workers had also to devise strategies to negotiate power relations with service users but also with the institutional settings in which they practice.

7.6 Conclusion

In here I summarised young people's, parents' and social workers' views about HSRs. The key benefit of being subject to a HSR was, according to young people and parents, the ability to access a range of resources and practical help; and there was some evidence to suggest that young people were being placed, and kept, on HSRs, in order to access resources. The possibility of greater access to resources and services came at a price – the possibility of greater surveillance of the family through the imposition of compulsory measures and the threat of further sanctions. Young people and parents had, however, devised a number of strategies to avoid the more stringent sanctions to their autonomy. These were often dangerous strategies to engage with because non-collaboration resulted in further questioning of their moral integrity. Ultimately, this could result in young people being removed from home – the ultimate sign of parental moral failure and young people's maladjustment.

In the next and final chapter I will be returning to some of the key findings presented here in order to answer the question posed at the beginning of this thesis – what are HSRs for?

Chapter 8: Conclusion

8.1 Introduction

In this chapter I will first summarise the key findings of this research. In light of these findings, I will return to the question I have posed in the introduction: ‘What are HSRs for?’ The final part of this chapter explores the implications of these conclusions for policy and practice and suggests some future directions for research.

8.2 The study

This study has explored the views and experiences of young people, parents’ and social workers’, about HSRs. HSRs have been in operation since the Social Work (Scotland) Act 1968 and have changed little since (Murray et al., 2002b, 2006). They are the most commonly used type of disposal used by the Children’s Hearings since its inception in 1971. Around the time in which the field work for this study was being carried (2008/09) around 40% of all looked after children in Scotland were subject to a HSR (Scottish Government, 2007, 2008a, 2010). Despite their long history and extensive use little is known about HSRs and the children who are subject to this intervention.

When the Scottish Government’s annually published *Statistics on Looked After Children* started to show that young people who were subject to a HSR were leaving school with fewer qualifications than those on other types of SRs, questions were raised about the reasons for their poorer educational outcomes, and about HSRs more generally. This research was initially conceived to answer some of these questions, but particularly to examine the effectiveness, or otherwise of HSRs. As the research progressed, and I became more familiar with social work practice, the initial aims of the research shifted from an evaluation of HSRs to an exploration of how individuals make sense of their social world and the meaning they attach to social phenomena, how relationships between the different stakeholders were negotiated and the impact these negotiations had on them and the possibilities for practice.

8.3 What have we learned about HSRs?

Before this study, there had been only one other study focusing exclusively and in-depth on HSRs. That study was commissioned by the Scottish Executive “To examine the effectiveness of home supervision in *promoting beneficial changes* in the life of the child.” (Murray et al., 2002b: 3, my emphasis) One of its key findings was that key statutory requirements with regards HSRs were not being met. Murray et al., suggest that there seems to be a disjuncture between policy and practice.

This study points to a similar disjuncture. I found that young people who were subject to a HSR did not have a *formal care plan*. Instead, they had *informal care plans* that set broad action points to be pursued. The broad nature of these meant that it was often unclear what the aims and objectives of the intervention were, how these were to be achieved, who was responsible for pursuing these actions and by what date. Additionally, evidence in the case files was often missing or incomplete and it was not always possible to determine, amongst other things, the frequency within which case reviews or contact took place. The evidence that was available however suggests that the frequency of reviews and contact vary considerably from case to case and from social worker to social worker. As I have observed this is in sharp contrast to the 1996 Regulations that establish, amongst other things, that care plans should be clear and specify all the arrangements being made for the child or young person being looked after by the local authority (Regulation 6) and that care plans should be reviewed at regular intervals (s 31, 1995 Act).

However, the evidence presented here indicates that it is likely that the lack of a clear plan or regular reviews was not because young people who were subject to HSRs were not considered to be in all respects ‘looked after’ but that in a context where resources were limited, difficult choices had to be made. It is in this context that assessment of risks takes on particular significance (Otway, 1996, Parton, 1996, Parton et al., 1997). Such assessments were highly subjective and circumstantial and whether a young person was considered ‘high-tariff’ depended upon individual social workers views about the circumstances and on their case load – both in terms of how

many other cases they had, and also how these other cases compared with respect to their relative 'high-tariff-ness'.

Murray et al., (2002b) also point to a widely-held assumption that the needs of children who are subject to a HSR may be less acute than those of other looked after children because they are living at home with a parent or relevant person and their basic needs are being met. They warn however that the opposite may be true as children who are subject to a HSR do not enjoy the same degree of protection and surveillance as those in residential and foster care. It would not be possible for me to ascertain here whether young people who are subject to a HSR are, as Murray et al., have suggested, 'particularly vulnerable'. For that, I would have had to include in the study a group of young people who were in residential unit and/or foster care so that their circumstances could be compared and contrasted.

What my findings do suggest however is that the needs to young people who are subject to a HSR *are not less acute* than those of other looked after children – they are the same children. As Triseliotis et al., (1995) I found that decisions on whether to remove young people from the care of their parents often depended on the availability of resources and family support; as well as in an assessment of risk (as opposed to needs). This has led me to conclude that the often made distinction between children who are 'looked after' away from home and children who are subject to a HSR is, at best, unhelpful, at worse misleading, because it gives the false impression that these are two distinctive groups of children with different needs. In fact, this distinction only makes sense in a context where the assessment of risks becomes a central feature of social work with children and families in order to rationalise services.

In Chapter 4 I summarised the main characteristics of the 12 young people included in the study and concluded that their vulnerabilities and problems are very similar, if not the same, to those of other children and young people who are 'looked after'. The evidence presented here suggests that young people who are subject to a HSR are all from disadvantaged backgrounds – families were dependent on state benefits, most

households did not have an adult in employment, they lived in local authority housing and all had lived or were living in poor housing conditions. The findings also indicate that young people have experienced a great deal of instability – both in terms of people and places. Families' composition was often complex and characterised by fragmentation, disruption and fluidity; with separations, co-habitations and young people often acquiring half and step brothers and sisters along the way. Extended families might be around and offer some assistance; but might also no longer be in contact and/or offer support depending on circumstances. There was also a lack of consistency in terms of the professionals involved with the young person and his or her family with frequent changes of social workers during the time in which SRs had been in place and a number of different professionals becoming involved. This sometimes had resulted in confusion and a lack of trust.

There was also little stability in terms of places. Young people and their families had experienced a number of changes of addresses; which might also have resulted in changes of school. Eight families had also experienced periods of homelessness for periods up to eight months. Young people had had a number of different placements in residential care, secure accommodation, foster care and with different family members. These placements were often short term (i.e. less than 12 months) with three out of the 12 young people experiencing a series of short term placements.

The picture which emerges is one of multiple, complex and chronic problems not dissimilar from that described by Murray et al (2002); as well as other research on 'looked after' children more generally. There was evidence of domestic violence, drug and alcohol abuse (both of parents and young people), mental health problems (both amongst parents and young people), housing and financial problems, and offending (mostly by young people); and it was not uncommon for families to experience a combination of all of these problems. These families had been known by social services for a number of years and all in all young people were spending most of their lives under the professional gaze of social workers. This raises a number of questions. As suggested by SCRA (SCRA, 2010a), one of the questions concerns the consequences of being under the professional gaze for such long

periods of time. One of the consequences might be that families come to see social work interference as ‘perfectly normal’ as four social workers reported.

As I tried to make sense of these findings one question that continually arose was: What were HSRs for? It is to this question which I will turn my attention to now.

8.4 What are HSRs for?

In the introduction I suggested that rather than asking whether HSRs were successful in achieving their objectives we should first consider what HSRs were for.

8.5 Social work as a discipline

In Chapter 3 I have argued that social work is a discipline which seeks to produce subjects through processes of normalisation, training, correction and surveillance. Social work originates from the philanthropic organisations of the 19th century (Donzelot, 1979, Otway, 1996, Parton, 1996). As with the philanthropic organisations it came to substitute, social work emerged as a solution to a key problem of the liberal state: how can the state at once guarantee the protection and development of its weakest members (children) at the same time as advocating for the rights and autonomy of individuals and the family (Parton, 1996). This balance is achieved through techniques of welfare and administration of population (Donzelot, 1979). HSRs can be understood as one of these techniques.

8.5.1 HSRs as a technique of discipline

Social work’s ultimate aim is to provide the excluded with the means to gain membership in ‘normal’ mainstream society. Normalisation is achieved through practices which differentiate between ‘normal’ and ‘abnormal’ behaviour (Smith, 2012). The identification and differentiation of ‘normal’ and ‘abnormal’ behaviour is made possible by the accumulation and tabulation of information concerning individuals. The information collected and assembled opens up the ‘private’ realm to government. The knowledge produced by this information, the way in which it

inscribes objects, makes it possible to link between private decisions and public objectives. Inscriptions provide the blueprint by which individuals calibrate themselves in relation to 'where they should be' (Rose and Miller, 1992). It is through these mundane tasks that the 'social' becomes intelligible and governable.

As suggested in Chapters 4 and 5 HSRs are a technique of disciplinary power which facilitates the mundane tasks of collecting, collating, documenting and evaluating information about children, young people and their families that are crucial for the exercise of government. HSRs allow the surveillance of families that have failed to engage with 'voluntary' measures of moralisation – that is, those offers for financial and material assistance which are used as a leverage to encourage poor families to overcome their moral failures (Parton, 1998). Families that fail to engage with these measures have their moral identity called further into question. Their increased moral deficiency then justifies the removal of (at least some of) their private rights and them becoming the focus of closer surveillance and disciplinary measures (i.e. HSRs).

The collection of information concerning, and representing the subject to be governed is not simply a mechanical process but also an active technical process (Rose and Miller, 1992). It does not simply collect information about individuals, groups or organisations; but also contributes to the construction of them as objects which can be measured, compared and combined. Collecting information is therefore far from being a neutral activity. "It is in itself a way of acting upon the real, a way of devising techniques for inscribing it in such a way as to make the domain in question susceptible to evaluation, calculation and intervention." (Rose and Miller, 1992: 185) Information thus acts upon that which is being recorded, it makes it real. This facilitates the processes of measuring, analysing and intervening with the social.

So, as I have argued in Chapter 4, what is interesting about case files is not their careless up keeping but how they make the subjects knowable. The information recorded in the case files is presented in such a way as to make the individual knowable so that not only they can be compared with other individuals, but with that

which is deemed normal in terms of childhood, child-rearing techniques, children and parents' behaviour and so on. It distinguishes the normal from the abnormal through the professional judgments about young people, parents, other family members, peers and the wider community. By recording young people's actions as 'anti-social', 'offence' and/or 'risk-taking' behaviour we are therefore inscribing on them the characteristics which comes with these labels. Once their actions have been framed under these labels they will be expected to act in certain ways and any subsequent analysis of their actions will be made with reference to these labels. Young people internalised some of these expectations towards them, but also contested and subverted them. Parents engaged in a similar process of contesting their identification with the stigmatising label of 'bad-parents'. The danger was that their contestation, of the labels assigned to them, was often interpreted as further evidence of their moral deficiency thus justifying continuous need for surveillance and disciplinary measures; with the threat of more punitive measures for those who failed to co-operate.

Evidence presented here suggests that the surveillance of families goes on for years. Families' dependence on social services means that young people were spending most, if not all, of their childhood under the professional gaze. As Donzelot (1979) observed, moralisation techniques, whether presented as 'voluntary' or 'compulsory' measures, are dependent on the investigation of the lives of those requesting assistance (i.e. the poor). Social workers and other social service providers carry out these investigations in order to distinguish between 'genuine poverty' and 'artificial indigence'; and assistance is provided in order to rehabilitate the family. As Donzelot (1979: 69, emphasis on original) observes of philanthropic institutions of the 19th Century:

"This was why, in every request for aid, one had to locate and bring to light the moral fault that more or less directly determined it: that portion of neglectfulness, laziness, and dissolution that every instance of misery contained. In this new policy, *morality was systematically linked to the economic factor*, involving a continuous surveillance of the family, a full penetration into the details of family life."

Thus, HSRs as a technique of discipline is not dissimilar from those adopted by 19th Century philanthropic organisations which were largely dependent on the surveillance of families in order to identify their moral faults and rehabilitate them.

8.5.2 Disciplinary power and the rule of law

Discipline and Punish (DP) is Foucault's key work when considering the emergence of disciplines and disciplinary power. Through his genealogy of punishment Foucault documents the development of a new system of power – one which is positive and productive, rather than violent or destructive as the old forms of power (Dreyfus and Rabinow, 1982, Taylor, 1984). Foucault equates old forms of power with the juridico-sovereign system which commanded behaviour by threat of coercive sanctions. In this system public torture was a political ritual – to re-establish the power of the sovereign (Dreyfus and Rabinow, 1982). Torture was not, however, a savage act of an uncontrolled animal, but the controlled application of pain to the body according to precise procedures in order to obtain a confession. The development of these procedures was directly linked with the development of the codes of law that established what each category of crime deserves.

New forms of power to emerge in the 18th Century are, by contrast, positive as they exercise control not through force, or the threat of it, but through the normalisation, control, management and surveillance of individuals (Rose and Miller, 1992). The expansion of new forms of power went hand in hand with the expansion of disciplines that provided the knowledge that facilitate government, the means for its exercise and those who were to be governed (Rose and Miller, 1992). Disciplines do not, however, replace old forms of power, instead, they colonize and expand them (Foucault, 1977). The State becomes thus dependent on shifting alliances with various disciplines and experts that facilitate the process of government through the examination and normalisation of individuals (Rose and Miller, 1992). The state maintains its centrality in this complex web of networks by controlling the flow of information and through the creation of legislation. Legislation thus both contributes to, and is dependent on, bio-political power of disciplines. Its ability to control and regulate behaviour is supported and informed by the knowledge produced by

disciplines; whilst the knowledge produced by disciplines is often validated through its incorporation into legislation and policy.

8.6 Discourse

The idea of discourse is central to my thesis. Discourse is understood not simply as a linguistic device but as “a socially organised frameworks of meaning that define categories and specify domains of what can be said and done.” (Burman, 2008: 2)

As Healy (2000) notes social work is constituted through discourses and it does not, and cannot, exist outside relationships of power. The discourse adopted by social services enables them to exercise power in relation to marginalised populations *because* their claims are accepted as truth, while the claims of social services users are (often) marginalised. Power and knowledge are intrinsically related – power requires knowledge. It is those who have access to knowledge – be that knowledge of the population, the individual, the markets – or who can make special claims to knowledge – about populations, individuals, markets – who will more readily exercise power. Practice cannot, therefore, be divorced from power and control in so far as it imposes specific truths upon others. Social work is therefore *a* form of social control; amongst many others.

As discussed in Chapter 3 power is everywhere “A society without power can only be an abstraction.” (Foucault, 1982: 223) Power is rooted in social networks, it coexists with every social relationship. Power is not a commodity which some have and others don't, it is an action upon action. Power as action presupposes the possibility of a struggle and a strategy of struggle. These are in a reciprocal relationship to each other (Foucault, 1982). So power can only come into operation where ‘the other’ (the one over whom power is exercised) is recognised and maintained as an agent, and where the possibility of reaction, resistance or collaboration is always present. Thus, power should not be understood as the absence of freedom but as the possibility for action.

The relationship between social workers and service users is a power relation. Power cannot be understood as being solely of practitioners (who can then choose how much power to cede to service users); it is also of service users who will use it to question, contest and resist social work discourse and practice. As Healy (2000: 76) argues “[to] state that workers and service users exercise power is not to deny inequalities that endure between them, but rather to refuse to constantly situate service users as the passive victims of those exercising statutory power”. To consider service users as power-less is to simply reinforce ideas about their inability to take control over their own lives which justify paternalist and authoritarian approaches.

8.6.1 Developmental psychology discourse

As previously noted a key influence in social policy and practice is the discourse promoted and informed by developmental psychology. It has often been argued that an understanding of child development theory is essential for professionals in the ‘helping professions’ to be able to identify children who are in need development (Aldgate, 2006b, Maier, 1965, Taylor, 2004). Developmental psychology, as social work, produces and informs discourses about children and families that define what counts as normal/deviant behaviour, what can be said and done. Through the identification of that which is considered to be *normal child development* and *good enough parenting*, developmental psychology discourses facilitates the government of children and parents (Rose, 1990).

There are two key ideas linked with developmental psychology theories which are of particular relevance here. The first relates to the model of childhood promoted by this body of theories. As noted in Chapter 3, psycho-medical models of childhood to emerge in the 19th Century viewed childhood as a continual sequence of hierarchically arranged stages that go from low status, infantile, ‘figurative’ through to high status, adult, ‘operative’ intelligence (James et al., 1998). Children are therefore an imperfect (and passive) precursor to the real state of being (James et al., 1998). This view of the child as becoming rather than being has been challenged by approaches within the ‘new’ social sciences of childhood and the children’s rights

movement and there is now an increased recognition of children as being and childhoods as a cultural phenomenon (see Chapter 3 for further discussion).

The second key idea refers to the primary importance accorded to mother-child relationship as a predictor of *normal child development* (Burman, 2008, Rose, 1990, Taylor, 2004). Bowlby's work on the effects of maternal separation was a major influence here (Burman, 2008). His study was based upon on the experiences of children who had been evacuated during the II World War and the effects of their separation from their mothers.

“From these, he argued that separation from mothers was an inherently traumatic experience for children, that children who failed to establish a firm attachment by the age of three would be unable to do so subsequently and would suffer severe psychological problems...” (Burman, 2008: 131)

Within this view of the family mother-child relationship was construed as of primary importance for the moral development of the child and any separation between the mother and the child – independent of length or context in which it took place – was judged to have a negative long term effect on the child's development. Anti-social behaviour, or any later moral or psychological irregularities exhibited by the child, becomes thus linked with earlier disturbances in the child's relationship with the mother.

The responsibility therefore for the child's normal development is located almost exclusively within the parent (especially mothers) (Burman, 2008). The problem is therefore defined as a ‘personal problem’ of parents (particularly mothers); rather than a social issue (Mills, 1959). By attributing social problems to individual's behaviour developmental psychology theories fail to engage with structures and systems (Burman, 2008, Taylor, 2004). “In these ways, ideologies of attachment and bonding both exonerate the state and provide scapegoats to account for the outcomes of seemingly thwarted affections in the form of socially inappropriate activity.” (Burman, 2008: 154) In this process wider inequalities are ignored and it is the individual (mother) who becomes responsible for the child's ‘project of the self’.

This is not to say that developmental psychology theories have nothing to offer to our understanding of children and their relationship with parents and the wider environment. It is simply a reminder that some of its most pervasive claims have often been taken uncritically and that there should be further consideration of often taken for granted knowledge.

8.6.2 Neo liberal discourse

Discourses are political – they are the sites of contestation and negotiation over meaning. They are the function of power relations. They create the ideal self, the health self, the sexual self of the ‘individual’ self. As Rose and Miller (1992: 177) suggest

“An analysis of political discourse helps us elucidate not only *the systems of thought* through which authorities have posed and specified the problems of government, but also the *systems of action* through which they have sought to give effect to government.”

Neo-liberal discourses are what Rose and Miller (1992) term as *political rationalities*. Political rationalities have a characteristic moral form that establish the form of government, that is, its boundaries, tasks and principles. They have an epistemological character, that is, “they are articulated in relation to some conception of the nature of the objects governed (...) they embody some account of the persons over whom government is to be exercised.” (Rose and Miller, 1992: 179) Finally, political rationalities are articulated in a distinctive idiom that ‘makes reality thinkable’ in a way which makes government possible. In summation political rationalities “are morally coloured, grounded upon knowledge, and made thinkable through language.” (Rose and Miller, 1992: 179)

Thus, neo-liberalism is understood here as a political rationality with a characteristic moral form. On the one hand, neo-liberalism breaks with previous modes of political rationality, maintaining that Welfarism is not only inefficient but also malign as it generates a ‘culture of dependence’ (Rose and Miller, 1992). On the other hand, it is a return to the principles of liberalism that aimed to curb the power of the state. Its

language and aims are familiar – neo liberalism is an attempt to make businesses, organisations, groups and so on autonomous from the state.

The political rationality of neo-liberal government introduced new technologies of the self whereby the individual is rendered responsible for her or his actions. Neo-liberal discourses seek to produce a particular type of subject: the ‘entrepreneurial-self’. The ‘entrepreneurial-self’, as Rose and Miller (Rose and Miller, 1992) suggest, is the autonomous and free individual that makes his or her own decisions as they see fit for the maximisation of the quality of their life. Social work discourse is key in the project of creating the ‘entrepreneurial-self’. This was particularly evident in the way in which social workers recorded information about young people and their families; and the way in which young people and parents talked about themselves. First, as I have discussed in chapter 6, social workers’ representations of young people and parents construed them as responsible. Whether HSRs were implemented or aims and objectives achieved it was the consequence of young people’s and parents’ actions, and their willingness to co-operate or not.

Second, as I have argued in chapter 7, young people and parents had internalised this discourse – using their own narratives to construct the ‘entrepreneurial-self’. That was particularly evident in young people who often referred to themselves as being responsible for their actions and their consequences. As previously argued in Chapter 3 government operates through the creation of identities. Identification with any number of identities “requires that individuals submit to power (such as the power of the school, the prison, the social services, the gym, the consciousness raising group or even the beauty clinic) in order to obtain a coherent self.” (Healy, 2000: 53) As Smith (2012) argues there are strong parallels between the rise of the ‘competent child’ and the significance placed on responsibility and self-reliance by neo-liberal approach to government. Government at a distance is only possible if people ‘choose’ to self-regulate through the fostering of the responsible individual who are expected to regulate themselves.

This is not to say that we should return to a time when social service users were referred to as ‘recipients’ and their agency was not recognised. It is important however to keep in mind that even those discourses which claim to be emancipator are forms of power and control (Healy, 2000). By recognising service users as agents they are also assigned responsibility for their actions and consequences and it is in this context that poverty becomes the providence of the improvident (Bauman, 1997). The provisions of the welfare state are no longer conceived as a moral obligation against the excesses of the capitalist system and responsibility for risks no longer pertains to the state but to individuals.

There is another important aspect of neo-liberal discourse that had an effect on social workers’ identity. Proponents of neo liberal ideologies have successfully proposed that social services required managers to better control how resources were to be managed. Rogowski (2011) argues that this has contributed to the ‘deformation of social work as a profession’ as social workers expertise and autonomy to make decisions on a case by case basis has been subjugated to the requirements of managers to reach targets and comply with bureaucratic procedures. This has had an impact on practice as the focus shifts from meeting individual needs to meeting organisational targets. In this process the role and practices of managers become crucial.

“Social workers, reconstituted as care managers, are required to act as coordinators of care packages for individuals on the basis of an assessment of need or risk. A distinction is made between the purchaser and the provider which effectively splits the traditional social-work role.” (Parton, 1996: 11)

The skills required of care managers are quite different from those required from case workers. In the case of social work with children and their families the assessment of risk, and the coordination of inter-agency and multi-disciplinary teams becomes a central task for case managers. According to Jones (2004 in Rogowski, 2011: 164):

“One consequence is that a profound dissatisfaction now exists among social workers about what their jobs entails, with a growing gap arising between their

daily tasks and duties, and the values which brought them into the job in the first place.”

This profound dissatisfaction was often voiced by the social workers I interviewed for this research; and others whom I have talked with ‘off the record’. There was a sense that these professionals were experiencing a ‘crisis of identity’ – they had signed up to the job to help people not to police them; they wanted to have more time to do direct work with young people and their families, rather than spending a ‘lot of time in front of a computer’. Thus, neo-liberal discourses do not only create a specific type of service user, but also of service provider.

Neo liberal discourse facilitates and determines power relations and as such there are points of contestation. As previously argued, young people, parents and social workers were active in the process of constructing and contesting these categorisations to varying effects. Moreover, although neo liberal discourses have had a strong influence in recent developments within social work policy and practice it is not the only influence. For example, social work policy in Scotland is still largely influenced by Welfarism principles. Likewise, most practitioners with whom I spoke (both on and off the record) stated their commitment to the empowerment and emancipation of service users (Healey, 2000, Hugman, 2003).

Social workers commitment to the empowerment and emancipation of service users could be viewed as somewhat of a conundrum. On the one hand, the idea that social workers can empower service users is based on the view of power as a commodity that some possess and others don’t; and on the binary division between powerful service providers and powerless service users. However, as argued here, social workers were often power-less – both in relation to the system within which they operate, as in relation to service users. Social workers ability to ‘empower’ service users is therefore limited.

On the other, if we understand power not as a commodity one possess, but as action upon action, we can see that despite there being constraints on social workers ability to exercise power, that they engaged in daily acts of resistance. For example, some

social workers were prepared to go to great lengths to help service users and to support them in challenging what they perceived as unfair or unjust practices. In this sense, social workers were, to an extent, empowering themselves (by challenging the system which oppressed them) and helping others to feel empowered (by challenging practices and discourses that contribute to service users feeling disempowered).

As previously mentioned all discourses, even those which claim to be emancipatory, are forms of power and control (Healy, 2000). In this sense “empowerment might be seen as another ‘strategy of power’ whereby people control and are controlled through discourses of empowerment.” (Cree, forthcoming: 13). This is not to take away from social workers commitment to bring about positive changes to service users lives – I have no reasons to doubt their commitment to do the best for the families they worked with. At the same time, as Cree (forthcoming: 16) notes, “Much that passes as ‘empowering practice’ is little more than individualistic, consumerist and conservative in scope.” Thus, my intention here is to remind the reader that terms such as empowerment, participation and emancipation, have often been used in social policy and practice in an uncritical, and conservative way; and this requires further scrutiny and analyses.

8.7 Identifying ‘high-risk’

Social work with children and families seems to be increasingly about the assessment and management of risks. As I have argued in Chapter 3 child protection systems are a classic form of advanced modern institutionalized risk system that has at its core the reflexive monitoring of risk. Thus, risk assessments consider the available knowledge and current condition of the child in order to determine the distribution of risk and the need for action. Observation and monitoring of families takes on particular significance in this process, particularly where there is little knowledge available to the professionals making that judgement (Parton et al., 1997: 43). Observation and monitoring was identified as one of the key functions of HSRs. This is well illustrated by the following passage:

Andressa: so what would you say the supervision means to you?

Charlotte: uhm, under a close eye. Like, you are getting watched and supervised for no good reason. Well, some people benefit but not me. I don't need it and my wee brothers don't need it.

In this passage Charlotte summarised well what other young people were telling me – that the HSR was a way in which to keep them under the professional gaze.

As previously argued, youth at-risk discourses are about the possibility of young people putting their future at-risk through their present behaviour and dispositions (Kelly 2000, 2006). The youth-at-risk discourse of neo-liberal societies rehearses historical discourses that have imagined youth as delinquent, deviant and disadvantaged; and adds a novel element to it that potentially all behaviours and practices can be constructed in terms of risk (Kelly, 2000). Consequently, intervention can be justified on the basis of any action. Kelly argues that such discourses are *dangerous* as they are used to justify the increased surveillance and regulation of young people's lives.

The focus on the management of risk creates a particular type of relation where self-management; making and keeping to contracts; setting and achieving recognizable targets; and learning the skills of the management of the 'family' are endorsed and promoted by the self-prudent. These apparently contradictory notions are in fact essential in the construction of current child protection systems where the individual is increasingly construed as responsible for his or her own fate and that of their children.

As noted, young people and their families experienced multiple vulnerabilities and chronic problems. However, the resources available to address their needs were scarce and it is in this context that the identification of risks takes on particular significance. This system offers a mechanism for 'rationalising' the system based on an assessment of potential or actual risk that is, ultimately about controlling demand, prioritizing work and saving money. Young people who were identified as 'high-risk' were the ones receiving most services and support; but that did not necessarily mean that their needs were more acute or complex, simply that their behaviour had

spilled into the community. Moreover, the distinction between ‘risks’ and ‘needs’ was not always clear and there were some indications that social workers and services users were adopting the language of risks in order to access resources which would otherwise not be available to them. Stakeholders could therefore be seen to be ‘translating’ need into risk in order to get the system to act (Scourfield and Welsh, 2003). In this sense, the identification of high-risk can be understood as a strategy of struggle against a system which is under-resourced to deal with the multiple, complex and chronic problems families experienced and which pays greater attention to the ‘language’ of risks than that of needs.

One final point that must be made here is that HSRs were not only to keep young people and their families ‘under a close eye’; they also provided assistance which was welcomed by service users and diminished some of the pain of being at the margins. Most parents and young people felt that without these services things would have been worse; and many parents wanted more, not less, support. Moreover, despite professing a general dislike for social workers, young people and parents were always able to identify at least one social worker and/or another professional they had enjoyed working with and which had made a positive difference in their lives.

8.8 Implications for policy and practice

The findings of this study indicate that there is a disjuncture between policy and practice, as it had been previously suggested by Murray et al., (2002b). Let me consider the three key principles of the 1995 Act.

There are three core principles which are embedded in, and inform the 1995 Act: paramountcy, participation and minimal intervention (McGhee and Waterhouse, 2002). The paramountcy principle establishes that the welfare of children should be the paramount consideration in all decisions made by the Children’s Hearings and the Courts (s. 16 (1) 1995 Act). The focus of the work carried is, however, on assessing and sifting out ‘high risk’. This system offers a mechanism for

‘rationalising’ the system based on an assessment of potential or actual risk that is ultimately about controlling demand, prioritizing work and saving money. This focus on the identification of ‘high risk’ is quite different from the welfare-orientated social work imagined in the 1960s; but also different from the 1995 Act which stresses that support should be offered to all children in need.

The second principle refers to participation with the 1995 Act emphasising at various points that children’s views should be taken into consideration in major decisions which may affect them. Evidence presented here suggests that most often young people were not being consulted in decisions about their care, and when they were they simply agreed with what had been recommended in order to avoid more punitive measures being placed on them or their families. The paradox here is that while these young people were on the one hand constructed as *being* responsible; on the other they were still perceived as *becoming* adults.

As Butler and Williamson (1996: 85) argue, this dominant construction of childhood does not allow for the development of a child protection system which reflects the experience of children themselves *because* “contemporary accounts of childhood constitute a deficit model”. That is, children are largely defined on the basis of their dependence and vulnerability; and childhood is widely conceived as a state of incompetence (Butler and Williamson, 1996, Parton et al., 1997). Young people might be closer to the desired state of adulthood, but they are still largely seen as incompetent in determining their best interests. Thus, despite the rhetoric of participation children are routinely excluded from decision making processes.

The final principle is that of minimal intervention, or the ‘no order’ principle whereby a Children’s Hearing should only make, vary or continue a supervision order if it would be better for the child than not doing so. Again, the findings presented here suggest that this principle was not always followed as it was often unclear why HSRs were made, varied or continued and young people could spend years drifting through the care system.

Does this mean there should be policy changes? I am quite sceptical that changes in child protection legislation and policy will bring about *positive changes* to ‘looked after’ children. In their review of child protection legislation and policy across the UK the Child Protection Research Centre (2012: 12) states that

“...despite the vast increases in policy documents and guidance, there has been surprisingly little change in procedures for managing individual cases where there are child protection concerns. It is unlikely that the increased procedural guidance has brought significant change to the experience of children and families who are part of a child protection investigation.”

In fact, the lack of change to the experience of children and families was one of the most troubling issues to arise from this research. I often read research which had been carried out 20 or 30 years previously which had arrived at very similar, if not the same, conclusions to my own; thus indicating that despite considerable change in policy and practice little had changed for the children and families who come into contact with social services. Moreover, some changes have resulted in unforeseen complications and, consequently, further change should be considered with great care (Munro, 2010).

When considering the tensions between policy and practice, lack of social work time and other resources was a theme often developed by stakeholders. Social workers felt that lack of resources had undermined their ability to implement the HSR and to bring about ‘positive changes’. Moreover, as aforementioned, families were of the opinion that they would have benefited from more, and more readily available, support; while professionals noted that services needed also to be of better quality and longer duration in order to make any significant impact on young people and their families well being.

In a context of limited resources services are not/cannot be needs-led. Ultimately, the realities of practice lead to the dilution and/or rationing of services through the identification of ‘high-risk’. As it has been noted by Stafford and Vincent (2008); for the aims of GIRFEC to provide for the needs of all children a considerable amount of extra resources would have to be made available. With the recent

economic downturn and the ongoing cuts on public spending it is unlikely that these aims will be achieved any time soon. Moreover, considering the frequency with which lack of resources is highlighted in social work research it may be, as Forrester (2008: 211) argues, that “... the problem is that at both national and local level politicians are reluctant to invest in families with the most serious difficulties.” What would therefore be required is a change of attitudes towards the care system and those who might come under its scrutiny and a greater recognition that uncertainty and ambiguity are inherent characteristics of social policy and practice (Munro, 2010b, Parton, 1998). As Parton (1998) notes

“Notions of ambiguity, complexity and uncertainty are at the core of social work and should be built upon and not defined out. A commitment to uncertainty opens up creativity and novel ways of thinking which are in danger of being lost in a climate obsessed with concerns about risk, its assessment, monitoring and management.”

8.9 Directions for future research

As aforementioned, there has been no longitudinal study of looked after children in Scotland. Forrester (2008: 207) suggest that “[to] establish the impact of the care system on children it is necessary to look at studies that examine changes in the welfare of children in care over time.” A longitudinal study could better illustrate what happens to children while they are ‘looked after’, and once they leave care. One place to start such an investigation could be the two national datasets on ‘looked after’ children. Both SCRA and the Scottish Government now collect data on each child’s trajectory through the care system. This potentially provides a rich ground for future longitudinal research. There are, however, a number of limitations with these datasets. Firstly, they do not collect data once children leave care. Secondly, changes to how SCRA collect and store data information means that information on each child only goes as far back as 2001/02. The Scottish Government has only started collecting data on individual children from 2007 and this would limit the analysis of trends over time. Thirdly, data collection systems are not infallible and as discussed there are some concerns about the accuracy of some of the information collected (Connelly and Chackrabarti, 2007, O’Sullivan and Westerman, 2007). Finally and

perhaps most importantly, is that although this dataset contains information on large numbers of children, this information is quite limited in what it tells us about the specific circumstances of children. Any longitudinal study using this data should therefore also aim to collect in-depth qualitative data which might better explain the story behind the numbers.

In recent years the question of whether social services interventions are effective in achieving their objectives or not has been increasingly dominant in social policy and practice and a prime concern of social researchers in this field (Altman, 2008, Cheetham et al., 1992, Healey, 2000, Healy and Meagher, 2004, Hill, 1999b, Leigh and Miller, 2004, McLeod, 2006, Thompson, 2008, Tilbury et al., 2010). Measuring the effectiveness of social policy and services is important in a context of diminishing resources and increased needs – a service which is not producing its desired outcome to bring about positive change is a waste both in social and economic terms. Measuring the effectiveness of social policy and services is, however, a contentious issue as it assumes that there is an objective reality which can be observed, measured and objectively represented. Notions of effectiveness are, however, subjective and situational (Cheetham et al., 1992). As Cheetham et al., (1992: 10) state:

“...effectiveness derives from a variety of perspectives and assumptions, and itself forms part of one or more of a range of different rhetorics – the language of value for money, say, or that of professional accountability, meeting customer demand, or maximising satisfaction”

The current economic downturn might fuel even further the discourse about the increased need for evaluation of social work practice in order to identify what is ‘best value for money’. The problem with this focus on evaluation to find what is ‘best value for money’ is not only that it is difficult to establish exactly what impact any one intervention might have on service users; but also that ‘best value for money’ is not the same as ‘in the best interest of the child’.

I agree with Cheetham et al., (1992) who suggest that any study which aims to evaluate social work practice must recognise the complexities of the context in which

interventions are delivered and the different perspectives of workers, service users, policy makers and society at large. However, I do not fully agree with their suggestion that although value and worth might initially be a subjective judgement there is a widespread consensus about what outcomes are desirable or not. The perceived widespread consensus is a product of dominant discourses about what counts as good or bad outcomes. As Foucault suggests; what counts as truth is the effect of the techniques of discourse. It is not that there is no truth but that there are multiple truths. He suggests that the question we should ask is *how* some statements came to be considered as truth, while others are rejected and ignored.

Evaluations should therefore also question what types of values and worth come to be recognised as superior and consider the discourses/knowledge which have been marginalised. This marginalised knowledge is what Foucault (Foucault, 1980) describes as ‘subjugated knowledge’ by which he means two things. First the types of knowing that were forgotten and which, through academic investigation, were recovered. Second the knowledge that is disqualified as being inadequate or insufficient to the task at hand – what Foucault calls naive knowledge. It is the work of criticism then to recover this naive knowledge.

Research on social work practice often focuses on evaluation of policy, practice and programmes, but as aforementioned this is quite limiting. As Healey (Healey, 2000) notes, there should be more critical research exploring the local contexts of social work practice; and on experiences of service users and providers. Post-theoretical perspectives can be particularly helpful in this task as they offer a framework on which to deconstruct social phenomena so that social action is continually questioned, disrupted, critiqued and changed (Parton, 2006). They can be used to “deconstruct claims of a ‘core’ or ‘essence’ of social work and to move instead towards practice theories that engage with the complexity and contextual diversity of social work practices.” (Healy, 2000: 61). They can therefore increase reflexivity and openness to differences in social work practices and knowledge. Post-theoretical perspectives can also assist us in thinking critically about changes in contemporary societies and its impact on the conceptualisation and practice of social work.

Notwithstanding the potential of being quite liberating, post-theoretical perspectives also have some shortcomings and unresolved paradoxes and should not be adopted uncritically. For example, the adoption of a Foucauldian perspective in this context could have lead to the conclusion that social work practice is simply a tool for the surveillance and discipline of oppressed populations. However, as observed here, many social workers were truly for an emancipatory agenda and were committed to do what they could to improve the lives of service users. Professionals' actions and perspectives should not, therefore, be dismissed for being solely a form of social control - they were also forms of social solidarity.

Additionally, and related to the first point, although Foucault understood the power exercised by human service professionals as malevolent; social workers often disclosed that they had come into the profession to bring about positive changes. Their ability to fulfil this aspiration was, however, often limited by the context in which they were operating in. Not only there were constraints imposed by policy requirements and resources availability, but in the kind of intimate, relational work social workers do, their knowledge (and power) was often contested and resisted by service users. Thus, as the findings presented here show, professionals' ability to exercise power depended on context and service users' views of practice and ability to resist and contest professionals' power.

Finally, a key concern with regards post-theories is that in collapsing all ideology and subjectivity into discourse these perspectives may "obscure the material realities of disadvantage" (Healy, 2000: 62). This could then serve as an excuse for nothing being done to address the social injustices that afflict social services users as claims to knowledge about social life can no longer be made (Hugman, 2003). We should therefore exercise some caution in relation to those aspects of post-theories which evade the material dimensions of oppression and ignore questions of social justice (Healey, 2000). Thus, as other theoretical perspectives trying to make sense of the complexities of the social world; post-theories have limitations and should be taken up carefully on the study of social policy and work.

8.10 Conclusion

HSRs are issued in order to permit the professional gaze to 'look at' young people and their families. They are to 'supervise' young people and their families. To supervise is to 'keep watch over (someone) in the interest of their or others' security' (Oxford Dictionary Online). They are part of a disciplinary technique which facilitates the collection and accumulations of information about a section of the population which has been construct as 'at risk'. HSRs not only facilitate the process of collecting information; but by inscribing characteristics to the individuals being supervised it also construct them as 'at-risk'. Additionally, in order to justify practice young people and parents are also construct as the 'entrepreneurial-self', responsible for their actions and consequences. HSRs facilitate government at a distance not only of young people and their parents, but also of social workers who are increasingly required to evidence their practice and justify their decisions. Young people, parents and social workers are not, however, power-less in these processes but active in the process of constructing and contesting these categorisations to varying effects.

HSRs were helpful in diminishing some of the pain of being at the margins by providing young people and their parents with resources which might not be available to them otherwise and, in some cases, by ensuring service users that there were people there for them, who cared and wanted to help. It would be disingenuous to assume the young people's and parents' discontent with social work practice and policy, and their often reluctance to engage with services, is a sign that they did not want or appreciate the assistance provided. In fact, it seems that their discontent with, and reluctance towards, social workers and social services more generally were often an indication of their resentment at not having more support and resources made available when required.

While HSRs could diminish some of the pain of being at the margins, it also increased some of this pain. Young people and parents were not impervious to neo-liberal discourses which construe social services as the wages of sin. They wanted to distance themselves from this discredited identity and used a number of strategies in order to avoid or dispute their identification with it. However, by doing so, they ran

the risk of greater infliction of pain: from minor sanctions to the removal of children from their parents' care.

As Parton et al. (1997) stated, to assume that research can provide a clear and straightforward answer to policy makers and practitioners is naive. Research which claims to provide such clear and straightforward answers ignore the complexity of the social world and the difficulties in isolating factors to determine the causes and effects of any given factor or action. Social work is messy. It is

“...a complex interaction of responsibilities and expectations which may conflict, of tasks which frequently change as the work progresses and to which standardized responses are rare and usually inappropriate, and of resources which are often inadequate” (Cheetham et al., 1992: 133).

This should not deter researchers; on the contrary, it should be seen as an opportunity to provide answers for some questions while at the same time recognising that others still remain unanswered.

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Appendix 1: Letters to young people and their parents



School of Social Work
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SCIENCES

Andressa Gadda
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Tel: 0131 651 3783

Email: a.m.gadda@sms.ed.ac.uk

Looking after young people:

Young people's experiences of being subject to a home supervision order

Hello!

My name is Andressa Gadda and I am a student at the University of Edinburgh. I am writing to you as I would like to ask for your help in undertaking a research aiming to find out more about young people's views and opinions of home supervision orders. I am really keen to hear your views and to learn more about your experiences of being under supervision.

I have included with this letter an information leaflet, where you can find out more about the research and what participation involves. If you decide you would like to take part, I would be grateful if you could complete the participation form and return it to me in the enclosed pre-paid envelope.

If you have any questions, please do not hesitate to contact me (you can find my contact details above and on the information sheet).

Yours sincerely

Andressa Gadda



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Andressa Gadda
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Looking after young people:

Young people's experiences of being subject to a home supervision order

Dear Parent/Carer

I am writing to you as I would like to ask for your help in undertaking a research aiming to find out more about parents' views and opinions of home supervision orders. I am really keen to hear your views and to learn more about your experiences of having a child under supervision.

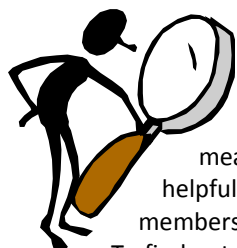
I have included with this letter an information leaflet, where you can find out more about the research and what participation involves. If you decide you would like to take part, I would be grateful if you could complete the participation form and return it to me in the enclosed pre-paid envelope.

If you have any questions, please do not hesitate to contact me (you can find my contact details above and on the information sheet).

Yours sincerely

Andressa Gadda

Appendix 2: Information sheets



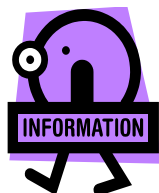
WHAT IS IT?

Hi! My name is Andressa Gadda and I am a student at the University of Edinburgh. I am doing a research project that aims to find out more about what it means to be under a home supervision order and how helpful this is to young people, parents and other family members.

To find out more about home supervision orders I will be talking to young people like you who are, or have been, under supervision; as well as with your parents and social worker. If it is ok with you I would also like to look at your social worker's case files to find out more about what has happened before, during and after supervision.

WHY???

I am carrying out this research because we know little about what it means for young people to be under supervision. Policy makers, social workers and other adults need to know what you think when they plan services for the future. What you say may help other children and young people like yourself to get a better service.



WHAT WILL I HAVE TO DO?

We will arrange to meet so that you can tell me about yourself and about your experiences of being under supervision.

WHERE WILL WE MEET?

We can meet at your home, at the university or somewhere else where you feel comfortable (travel expenses will be paid for).

HOW LONG DO YOU WANT TO TALK TO ME?

For about an hour, but if you have got a lot to say it might take a wee bit longer. To thank you for your time and effort for taking part in the research I would like to offer you 2 cinema vouchers.



CAN I HAVE SOMEONE WITH ME?

Yes, anyone you choose.

WILL IT JUST BE TALKING?

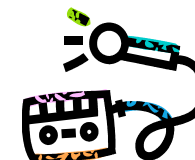
It will be mainly talking, but I will also ask you to help me completing a time line of recent events in your life. We will be using pen and paper for this activity but you don't have to write anything if you don't want to.

WILL YOU WRITE DOWN WHAT I SAY?

Maybe, but I would like to tape what you say if that's OK.

WILL YOU TELL ANYONE ELSE WHAT I SAY?

No, I won't. The only time I might have to break this promise is if I think you or someone else might be at risk of being hurt. But I won't do anything without speaking to you first.



WHAT HAPPENS NEXT?

The information that you and other people give to me will help me in writing up the dissertation for my degree. I will also write a short summary of the key findings of the study to the Scottish Government and the social services. I hope to be able to meet with the people who are in charge of making decisions to tell them what young people and parents think.

WILL MY NAME BE IN THE RESEARCH REPORT?

No. All the names will be changed so that nobody will recognise you.

CAN I CHANGE MY MIND?

Yes, you can drop out at any time.

WHAT IF I AM NOT SURE?

Take your time. Talk to someone else if that helps.





Hi, my name is Andressa. I am a student at the University of Edinburgh. If you would like to take part in the research I will come to talk to you.

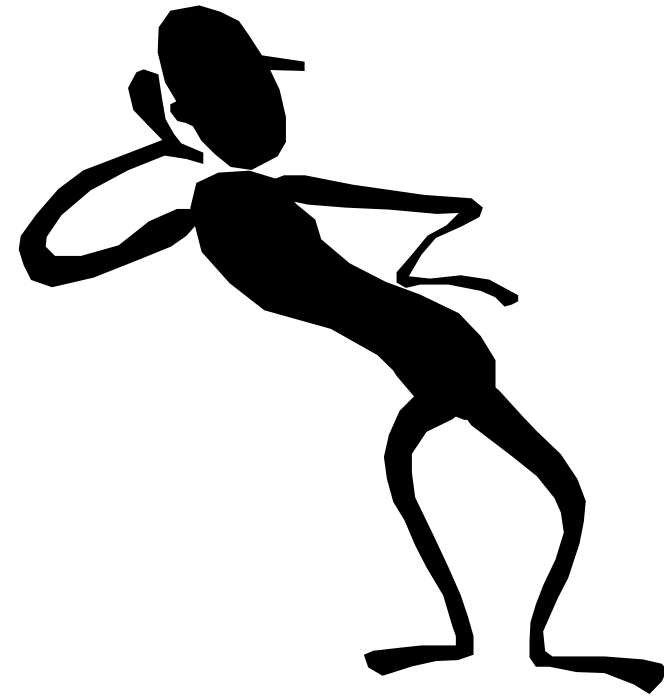
If you would like to talk to me before you make a decision you can call me on 0131 651 3783. If I am not there you can leave a message and I will call you back. Or, if you have access to the internet, you can email me on a.m.gadda@sms.ed.ac.uk

Whatever you decide to do please send the participation form back to me in the pre-paid envelope. I hope to hear from you soon.

Thank you!

Andressa Gadda,
PhD student
School of Social and Political Sciences
The University of Edinburgh
Chrystal Macmillan Building,
15A George Square, Edinburgh
EH8 9LD

LISTENING TO WHAT YOUNG PEOPLE HAVE TO SAY...



AN INVITATION TO PARTICIPATE

WHO AM I?

Hi! My name is Andressa Gadda and I am a student at the University of Edinburgh. I am doing a research project that aims to find out more about what it means to be under a home supervision order and how helpful this is to young people, parents and other family members.

WHAT IS IT?

This is a three year research project in which I will be talking to young people who are, or have been under supervision, their parents, and their allocated social workers. I will also be gathering some information from young people's social work files to find out more about what has happened before, during and after supervision.

WHY?

I would like to speak to you to learn about your opinions and experiences of having a child under supervision. I am carrying out this research because we know little about what it means to be under supervision for young people and their parents; and whether people find this helpful or not. Your views are very important to me as only by learning more about your experiences will it be possible to improve services.

WHAT WILL I BE ASKED TO DO?

I would like to speak to you. This would take around one hour of your time and would be an informal chat about your experiences and opinions about home supervision orders. To thank you for your time and effort in taking part in the research I would like to offer you a £15 voucher from either Marks & Spencer or Tesco.

WHERE WILL WE MEET?

We could meet at your home or you could come to see me at the university (travel expenses will be paid for).

WILL YOU WRITE DOWN WHAT I SAY?

Maybe, but I would like to tape what you say if that's OK.

WILL YOU TELL ANYONE ELSE WHAT I SAY?

No, I won't. The only time I might have to break this promise is if there is evidence that a child might be at risk of being hurt. But I won't do anything without speaking to you first.

WHAT HAPPENS NEXT?

The information that you and other people give to me will help me in writing up the dissertation for my degree. I will also write a short summary of the key findings of the study to the Scottish Government and the social services. I hope to be able to meet with the people who are in charge of making decisions to tell them what parents/cares and young people think.

WILL MY NAME BE IN THE RESEARCH REPORT?

No. All the names will be changed so that nobody will recognise you.

CAN I CHANGE MY MIND?

Yes, you can drop out at any time.

WHAT IF I AM NOT SURE?

Take your time. Talk to someone else if that helps.



If you would like to talk to me before you make a decision you can call me on 0131 651 3783. If I am not there you can leave a message and I will call you back. Or, if you have access to the internet, you can email me on a.m.gadda@sms.ed.ac.uk

Whatever you decide to do I would be most grateful if you could send the participation form back to me in the pre-paid envelope.

I hope to hear from you soon.

Thank you!

Andressa Gadda,
PhD student
School of Social and Political Sciences
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EH8 9LD

LOOKING AFTER YOUNG PEOPLE

A study of young people's
experiences of home supervision
orders in Scotland.

**AN INVITATION TO
PARTICIPATE**

Appendix 3: Interview topic guide (with young people)

Introduction to the interview

Hello! How are you today? Thank you for agreeing to meet up with me, I really appreciate that! I would like to talk to you today because I am interested in finding out more about your experiences of home supervision and what you think of it.

Before we start there are a couple of things I need to tell you. First is that everything we say here today is strictly confidential, that is, I will not tell anyone what you tell me, unless there is some concern of someone being harmed. In that case I will first discuss with you what should be done though. In saying that, let me clarify that I am not a social worker, or a council worker. I am a research student at the university and I am here today because I am interested on your views and opinions. Thus, there is no right or wrong answer as it is your opinion which I am interested in.

There are a few things we will be doing today. First, I would like you to help me to fill in a life grid. A life grid is like a time line where you can show me when interesting, important, good or bad things happened to you. Once you have completed the life grid we can have a wee chat about the stuff you have written about, so that you can tell me why those things are important to you. After that I will ask you a few questions about what was going on before you were put on supervision, what happened while you were on supervision, and what is going on now. You don't need to answer all the questions if you don't want to, and you can finish the interview whenever you feel like. Also, feel free to interrupt me, ask me to repeat or explain a question.

Now, before we start, I would like you to read this form, or I can read it for you if you prefer. This is just to make sure that we are all in agreement about what taking part in the research means. If you agree with what is on it, could you sign and date it for me please. Do you have any questions?

Life grid

Ok. Lets start with the grid. So, you can either fill it in yourself or I can fill it in for you or we can do it together! I brought lots of coloured pens for us to use! We can write, draw something, or use the stickers I have here - whichever you prefer. The grid has a column here in the left where you can put down your ages, from how old you are now, till when you were a wee. On the top column you have different aspects of your live, like: where you live; school; personal interests, hobbies and sports; health; who is important to me; home and family. Empty box is left in case there are any other important events which might have been left out. You don't need to fill in the whole grid, and you can do it in any order you prefer. Don't worry if you can't remember things exactly, approximately is good enough!

Do you have any questions? Are you ready to start?

Interview

1) Before the intervention

How long have you been on supervision?

Was this the first time you were on supervision?

Could you tell me a little bit more about what was going on before you were put on supervision?

Do you think it was a good idea to put you on supervision then? Why?

Did you think you need some help back then? Did you want help?

If so, what type of help would you have liked?

2) The Hearing

Ok, that is great...I now would like for you to tell me a little bit more about your experiences of the hearing.

When did you first go to a hearing?

Do you remember the hearing when it was decided that you were going to be on supervision?

Could you tell me what happened that day?

Who was there that day?

Did you agree with what was being said?

Were you asked your opinions/views?

Do you think they took your views and opinions into consideration when making the decision?

How did that make you feel?

What did you think about the decision to put you under a home supervision?

Did you understand why you were being put under a supervision order? Did any one explained to you what this meant?

If you could decide for yourself, what would your decision would have been at that moment? What did you want to see happening?

3) During the intervention

Ok, so the hearing decided that you should be under a home supervision. So what happened after that?

Did you have a chat with your social worker after the hearing in order to draw up a plan or something?

If so, do you remember what was decided? Did you agree with it?

If you could decide for yourself, what would you have decided to do?

What sort of support were you to get from him/her?

How often did you meet?

For how long?

Did you find this helpful? Why?

Was there any other service or support made available to you?

Did your social work (or any other worker) organised activities for you?

If so, what were those?

During the time you were under supervision, did you and your social worker ever sit down to agree on what services and support was to be made available to you?

If so, when did that happen? How did that go?

Did you find the support you were receiving helpful? Why?

If there were any workers involved, how was your relationship with them?

Is there anything that you would have done differently, that you would have changed?

4) What is going on now

That is really good, thanks. We are almost at the end of the interview now. First though could you tell me about how things are now with you?

Are you still under a supervision?

Are you still meeting with your social worker? Why is that?

Do you get along with your social worker?

Have you always had the same social worker?

Are you still getting extra support/service?

If so, which ones? How are they working for you? (throughcare/aftercare?)

If not, would you have liked any of the support or services you had during the supervision to be continued?

Looking back at how things were before the supervision, has anything changed since then?

If so...What has changed? How has it changed?

Do you think that the supervision has had any impact on your life?

Do you think that being under supervision has been helpful? How has it been (un)helpful?

Was there any service which you found particularly helpful? If so, why?

What were the best things about being under supervision?

And the worse?

Is there anything you would like to have seen done differently?

What are your final thoughts about the supervision requirement and what has happened during its duration?

What are your plans for the future?

Is there anything else you would like to add to what has already been said? Anything I might have forgotten to check with you?

Finishing the interview:

Ok, thank you so much for this. This is the end of the interview now. Before I go, would you like to choose a name that I can use for you on my report – you can write it down in the grid if you like.

Is there anything you would like to comment about the interview, or do you have any questions? Do you think the interview was too long/short?

I would like to send you a summary of the results of the research once I have it finished, is that ok with you (check preferred address for correspondence)?

Handle in voucher.

Thank you very much for your collaboration!

Appendix 4: Services made available to young people and their parents

Table 19 Anissa (on HSR from 2001)

Services	Work developed	Duration
Young Carers	Group work (Anissa declines 1:1 support)	From 2006
Blue Sky Project	Short arts course	2008
School's youth worker	Self esteem and anger management sessions	Sessions in 2008 and again in 2009
Turning point, Transitions, Drug Referral Team, SEEDAC	A number of services were offered over the years for both parents in order to address drug misuse and other related issues.	?

Table 20 Becca (on HSR from 2006)

Services	Work developed	Duration
Neighbourhood support team	Support for the family to address Becca and Sky's anti-social behaviour. Assisting Jamie-Lee to keep her tenancy	2005 - 2007
Social care worker	Twice a week support for Becca and Sky	2006
Family support worker	Support for Jamie-Lee to manage Becca and Sky's behaviour	2006 - 2007
Youth group	Unknown	2006
Youth Justice Services (YJS)	Offence focused work	2006 - 2007 Re-referred in 2008 Case transferred to YJS at end of 2008
Clinical psychologist	Support following allegations of sexual abuse made by Sky.	Referred in 2006 (service withdrawn due to lack of engagement).
Bells Academy	Alternative school for young people with social, emotional and behavioural difficulties. 1:1 sessions focusing on peer group and loyalties.	From 2006
Out-Reach	1:1 sessions "focused on family relationships, assisting Becca to look at consequences of her behaviour, particularly in relation to her anti social behaviour (Becca's case files). Out-of- hours advice available for Jamie-Lee.	From 2007
Mentoring services	1:1 sessions exploring attitudes to offending; and the influence of alcohol use and peer group in risk taking behaviour. Aims to identify positive leisure activities.	From 2008
Links	Links is an organisation providing social education and	2008 (service withdrawn due to

	positive leisure for young people who are experiencing difficulties with mainstream education.	Becca's behaviour)
Includem	Meets three times a week with worker. "Work has been done on activities, consequential thinking, victim empathy, relationships building and positive leisure" (Becca's case files). Weekend support for Jamie-Lee.	From 2008

Table 21: Ben (on HSR from 2003-06 and from 2007)

Services	Work developed	Duration
Befriender	Outings once a week. The aims of this service are to “give Ben someone who he can talk with; someone to take Ben on outings; assist Ben on building his self-confidence” (Ben’s case files)	From 2006
Behavioural unit (Primary school)	Anger management	During 2006
ADHD team (psychiatrist and nurse)	Monitor medication and support Ben at school	From 2007
Cadets	Unknown	From 2008
Youth Worker (Secondary school)	Attends behavioural unit four times a week for anger management	From 2008
Blue Sky Project	Art based therapy	During 2008
Aberlour, CDPS, Drug Referral Team	A number of services were offered over the years for Sophie in order to address drug misuse and other related issues.	From 2003?

Table 22: Charlotte (on HSR from 2005)

Services	Work Developed	Duration
Befriender	Unknown	During 2002
Young Carers	None	Referred in 2005 but chooses not to engage
Health Agency	Support for Tania with mental health issues	Unknown

Table 23: David (on HSR from 2006)

Services	Work developed	Duration
Educational Welfare Officer (EWO)	Unknown	From 2006
Educational Psychologist	Assessment of David's suitability for residential school.	2007
Services for Communities	Support for Sheila with her tenancy	From 2007
Links	Links is an organisation providing social education and positive leisure for young people who are experiencing difficulties with mainstream education.	Attended a few sessions in 2007 (service withdrawn due to lack of engagement)
Army course	Unknown	2008 (only attends the first day of weeklong course)
Churchill	Churchill is a secondary (S2 – S4) residential and day school for boys with social, emotional and behavioural difficulties	Attends for four months in 2008
Careers Scotland	Provision of short course	From 2009 – short training courses
Through care and after care (TCAC)	(Had not as yet started at the time case file were consulted)	Referral made in 2009

Table 24: Jane (on HSR from 2005-2006; 2007-2008; 'looked after' away from home in between these periods)

Services	Work developed	Duration
Open Access	Assisting Jane with family situation and transition to secondary school. Trying to get Jane involved in activities and youth clubs.	Four months during 2005
Child and Adolescent Mental Health Services (CAMHS)	Concerns about risk taking behaviour, depression and anxiety.	2007(service withdrawn due to lack of engagement)
Educational psychologist EWO	Maintaining and supporting Jane at school	From 2007
Outreach from YPC	Support return home	During 2007
Lighthouse	Lighthouse is a secondary school (from S2) for young people with social, emotional and behavioural difficulties	From 2008
Family Project	Intensive support for Jane and Caroline to maintain Jane's placement at home	From 2009
Homelink	Support Caroline with her tenancy and in identifying other support networks	2007

Table 25: Jimmy (on HSR from 2001-06 and 2007-09, in foster care between 2006-07)

Services	Work developed	Duration
EWO	Unknown	2001 - ?
Open Access	School based service to support Jimmy to stay in school	2001 - ?
CAMHS	Concerns following sexual abuse allegations.	2002 (service withdrawn due to lack of engagement)
Lighthouse Leavers Group	Lighthouse is a secondary school (from S2) for young people with social, emotional and behavioural difficulties	Four months in 2008
Intensive Family Support Services (IFSS)	Support the children in the community and with school attendance.	2008 (withdrawn due to lack of engagement)
Child Health Team	Check Jimmy's overall health following a series of health complains made over the years.	2008
TCAC Passport	(Had not as yet started at the time case file were consulted)	Referral made in 2009
Parenting course	Support for Louise	Unknown

Table 26: Kay (on HSR from 2006)

Services	Work developed	Duration
Open Access	School based service to support Kay to stay in school	2006
Befriender	Bereavement and anger management sessions	2005 – 2007.
Support worker	Looking at how to communicate, education and training, self esteem, sexual health and social inclusion. Work with Pam to promote positive parenting and behaviour.	2005 - 2008
CAMHS	Unknown	2006 (services withdrawn due to lack of engagement)
Cadets	Unknown	2006
Links	Links is an organisation providing social education and positive leisure for young people who are experiencing difficulties with mainstream education. Focus on developing confidence, social skills and co-operation.	2007 – 2008 (excluded due to behaviour)
Outreach teacher	Support with education	2007
Lighthouse	Lighthouse is a secondary school (from S2) for young people with social, emotional and behavioural difficulties	2007
TCAC Passport	(Had not as yet started at the time case file were consulted)	Referral made in 2009
Counselling	For Pam – bereavement	2005

Table 27: Mr Perfect (on HSR from 2004-09)

Services	Aims	Duration
Young Carers	Befriender met with Mr Perfect once a week	From 2006
Funding for activities	“The writer has always put extra supports in place for the family during the holiday periods. (...) This ensures that the children are being seen often during holiday periods, so any concerns can be identified quickly should there be a deterioration in the home” (Mr Perfect’s case files)	During holidays
CDPS, Harbour Project, Circle	A number of services were offered over the years for Sue in order to address drug misuse and other related issues.	Unknown
Community psychiatric nurse (CPN)	Support for Sue	Unknown
Counselling	Relationship counselling for Sue	Unknown
Home help	Support for Sue with house chores	Unknown

Table 28: Ross (on HSR from 1998)

Services	Aims	Duration
Open Access (Primary school)	School based service to support Ross to stay in school	Chris starts working with Ross in 2007. In 2008 Chris becomes the case manager
Behaviour support (Secondary school)	Unknown	Unknown
Anti-social Behaviour Contract	Stop engagement in anti-social behaviour	From 2008
EWO	Support Ross to attend school	2008 - 2009
Outreach teacher	Support and maintain Ross in mainstream school	From 2009
Football academy	Support and maintain Ross in mainstream school. Provide work experience.	From 2009
Youth Justice Services	Restorative justice work in the community	From 2008

Table 29: Sky (on HSR from 2008; ‘looked after’ away from home between 2006-07)

Services	Work developed	Duration
Neighbourhood support team	Support for the family to address Becca and Sky’s anti-social behaviour. Assisting Jamie-Lee to keep her tenancy	2005 - 2007
Social care worker	Twice a week support for Becca and Sky	2006
Family support worker	Support for Jamie-Lee to manage Becca and Sky’s behaviour	2006 - 2007
Youth Justice Services (YJS)	Work has focused on body image, self-esteem, Sky’s views of herself and consequences of drug and alcohol use and offending behaviour.	From 2006 Case transferred to YJS in 2008
Out-reach	Work carried out to address family relationships and making choices	From 2006
Clinical psychologist	Emotional support following allegations of sexual abuse	2005 - 2007
Lighthouse	Lighthouse is a secondary school (from S2) for young people with social, emotional and behavioural difficulties	2007 – 2008
TCAC Passport	Support Sky in the community and help Jamie-Lee to cope with Becca and Sky’s behaviour. Looking into education, training, employment and accommodation needs.	From 2007
Includem	Individual support	Unknown
Duke of Edinburgh Award	Unknown	From 2008

Table 30: Tom (on HSR for two months in 2006 and ten months in 2008; ‘looked after’ away from home between 2006-07)

Services	Work Developed	Duration
Youth Justice	Offence focused work	From 2006
Youth Club	Offence focused work, consequential thinking and emotional well being.	2006
Turnaround (6VT)	Unknown	2007 (attended three out of seven sessions)
Mental Health Services	“Short period of focused work” (Tom’s case files)	2007
Intensive Family Support Services	Support for Tom and his family, but specially Lorna.	Unknown
Includem (Part of ISM package)	25 hrs of individual support. Focus on positive leisure.	2008 (service withdrawn due to lack of engagement)
Lewis Educational Centre (Part of ISM package)	Alternative school setting	2008 (service withdrawn due to lack of engagement)
Movement Restriction Condition (MRC) (Part of ISM package)	Tag and a curfew to avoid re-offending	2008
Community Police	Unknown	From 2008
Youth Action Team from Seaview Police	Unknown	From 2008
TCAC	Unknown	Unknown
Family group	Support for Lorna	2007